

Remove your new Pocket License from the receipt portion and carry it with you at all times.

(Please cut along the dotted lines)

Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815-3831

I M P O R T A N T

1. Please include your license number on any correspondence to this office.
2. Notify the Board of any name or address change in writing.
3. Report any loss immediately in writing to the Board.
4. Please sign and carry the pocket license with you.

Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815-3831
(916) 263-2300
Toll Free (877) 729-7789



dca
DEPARTMENT OF CONSUMER AFFAIRS

DENTIST

License No. [REDACTED] Inactive Expiration 05/31/2021

KARYNA SHULIAK
6100 RED HOOK QTRS
SUITE B-3
ST THOMAS, VI 00802-1348

Original Issue Date 11/19/2015

Receipt No. 63140

Signature _____

License No.	Expiration Date	Receipt No.
[REDACTED]	05/31/2021	63140
KARYNA SHULIAK		

This is your RECEIPT. Please save for your records.
PDEDDS 05/2016

T1 P1AUTO..MIXED AADC 956
KARYNA SHULIAK
6100 RED HOOK QTRS
SUITE B-3
ST THOMAS VI 00802-1348
T1 P1



DENTAL BOARD OF CALIFORNIA
2005 EVERGREEN ST, SUITE 1550
SACRAMENTO CA 95815

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