

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
(916) 263-2300 / Toll Free (877) 729-7789

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		
		DENTIST
License No. DDS65268	Expiration 05/31/2019	
KARYNA SHULIAK 6100 RED HOOK QUARTER SUITE B-3 ST. THOMAS, VI 00802	Original Issue Date 11/19/2015	
Signature _____	Receipt No. 32138	

License No.	Expiration Date	Receipt No.
DDS65268	05/31/2019	32138
KARYNA SHULIAK		

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

000017
 KARYNA SHULIAK
 6100 RED HOOK QUARTER
 SUITE B-3
 ST. THOMAS, VI 00802

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