BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834
P (916) 928-8390 |F (916) 928-8392 | www.ombc.ca.gov

APPLICATION FOR CANCELLATION OF A FICTITIOUS NAME PERMIT

Please Note: Please print or type. Illegible forms will be returned.

Fictitious Name Permit (FNP):	
Fictitious Name Permit Number:	
Expiration Date:	
Practice Address for Fictitious Name Permit:	
Contact Person's Name	
Contact Person's phone number:	
Contact Person's email:	

Reason(s) for cancellation, please check as many as apply:

☐ Out of business	☐ Change in ownership	☐ Change in original filing status
☐ Dissolution of solo practice	☐ Dissolution of Partnership	☐ Dissolution of Group
☐ Dissolution of Corporation		
☐ Other (Please explain below)		

Please explain or attach explanation:

NOTICE: All items in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. For questions, please contact Osteoadminservices@dca.ca.gov or (916) 928-8390.

Both Pages Must Be Completed

For individuals (Sole Proprietors), Groups, and Partnerships complete this section.

The following must be signed by a licensed physician and surgeon who is recognized by the Osteopathic Medical Board of California as being a current owner of the Fictitious Name Permit.

I am/was an owner who holds the permit_____
(complete fictitious name)

and as such declare that I am authorized to act on behalf of all other owners and that said owners are aware that this Fictitious Name Permit cancellation application is being submitted to the Board.

_____ _____
Print Full Name Medical License Number

_____ _____
Signature Date (mm/dd/yyyy)

For Corporations complete this section.

The following must be signed by a licensed physician and surgeon who is recognized by the Osteopathic Medical Board of California as being a current owner of the Fictitious Name Permit.

I am/was a shareholder _____
(complete fictitious corporation name)

and as such declare that I am authorized to act on behalf of the corporation and that all corporate officers and shareholders are aware that this Fictitious Name Permit cancellation application is being submitted to the Board.

_____ _____
Print Full Name Medical License Number

_____ _____
Signature Date (mm/dd/yyyy)