

Respiratory Care Practitioner Online Military Inactive Request Step-by-Step Instructions

To request a Military Inactive renewal waiver online, go to www.breeze.ca.gov, or follow the BreEZe Online License links from the Respiratory Care Board (RCB) website www.rcb.ca.gov.

If you have **never** registered for a BreEZe account, click on 'BreEZe Registration' on the bottom right of the screen.

(If you have an existing BreEZe account, enter your User ID and Password and skip to page 10 to continue.)

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation Contact Us

DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- If you were registered with the DCA Online Professional Licensing services before, you will need to re-register with BreEZe.
- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

FOR CONSUMERS

Check Licenses and file complaints.

Verify a LICENSE File a COMPLAINT

FOR APPLICANTS AND LICENSEES

Applicant and licensing needs are available here.
You will need to [register](#), or use your existing user name and password

Returning User

Fields marked with * are required

* User ID:

* Password:

[Forgot Password?](#) [Forgot User ID?](#)

New Users

[BreEZe Registration](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
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Complete the required fields for the User Registration (marked with *) and click 'Next'.

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User Registration

Please complete the information required below to become a registered BreZze User. You will receive a confirmation email as part of the registration process.

Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

Account Owner Contact Information

* First Name:

Middle Name:

* Last Name:

Account Login

* Email: (e.g. name@domain.com)

* Confirm Email:
Note: Please enter a valid email address; this email address will not be sold to solicitors.

* User ID:

Password Recovery (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)

* Secret Question:

* Secret Answer:

Communication

Email Communication: Yes No


Security Measures (This helps to prevent automated registrations.)

* Type the characters from the picture below (without spaces):


n s h v g

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Review the information you entered, and click **'Save'**.



Department of Consumer Affairs



[About BreEZe](#) [FAQ's](#) [Help Tutorials](#)

[Skip navigation](#)

[Logon](#) | [Contact Us](#)

Preview Registration


Press "Save" to save the registration.
Press "Edit" to modify your registration details.
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	Mickey
Second Name:	
Last Name:	Mouse
Email:	mickeymouse@mailinator.com
UserId:	mickeymouse
Secret Question:	Where were you born?
Secret Answer:	ca
Email Communication:	Yes


[Save](#) [Edit](#) [Cancel](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
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A notification will show that a temporary password has been sent to your e-mail address. Check your e-mail for this password sent from no-reply-breeze-online@dca.ca.gov. (You may need to check spam or junk mail folders.)



Department of Consumer Affairs



[About BreEZe](#) [FAQ's](#) [Help Tutorials](#)

[Skip navigation](#)

[Logon](#) | [Contact Us](#)

User Registration - Temporary Password Issued

A temporary password has been issued and sent to you via e-mail with the instructions on how to proceed. Read this e-mail and follow the instructions.

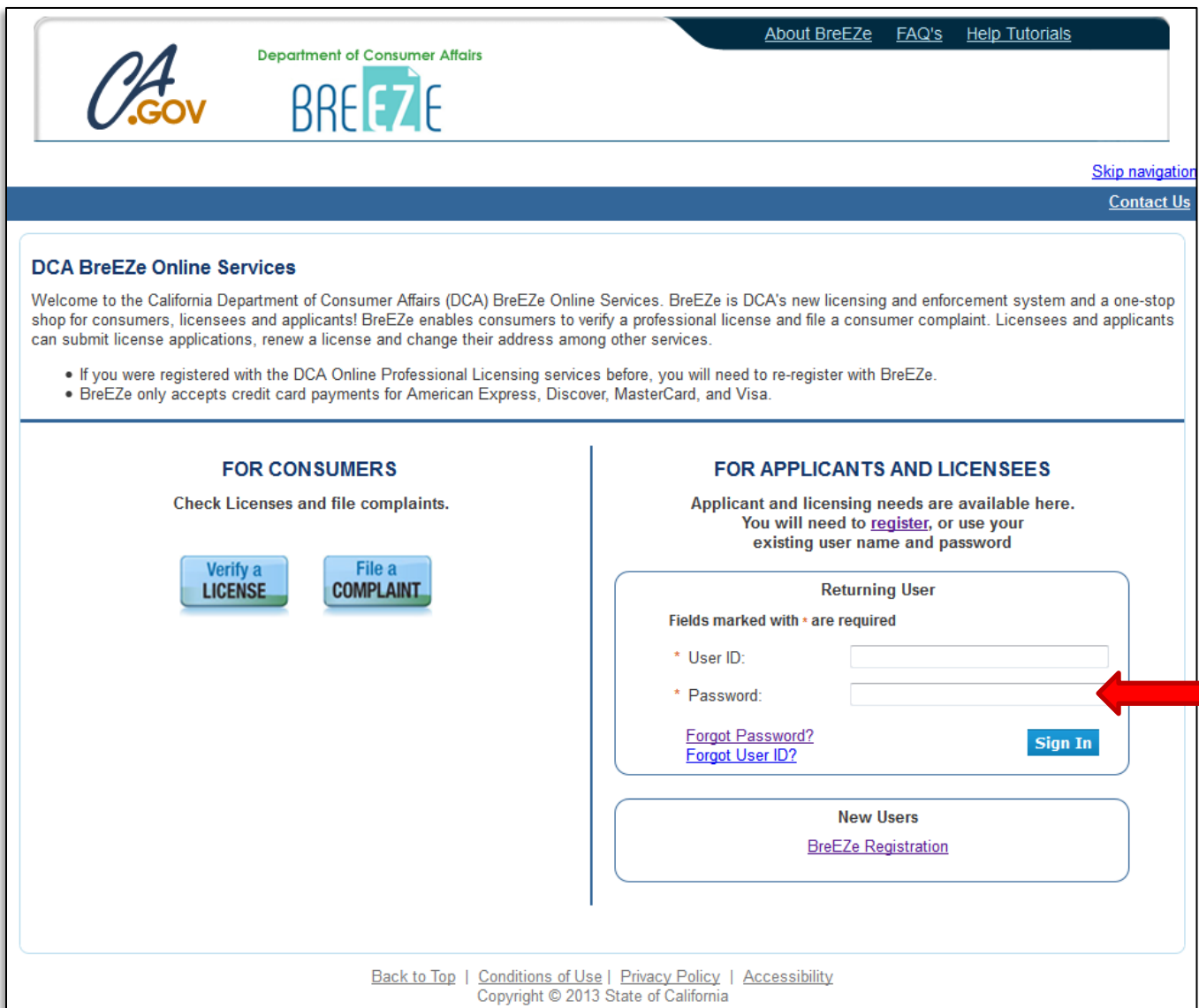
[Return](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
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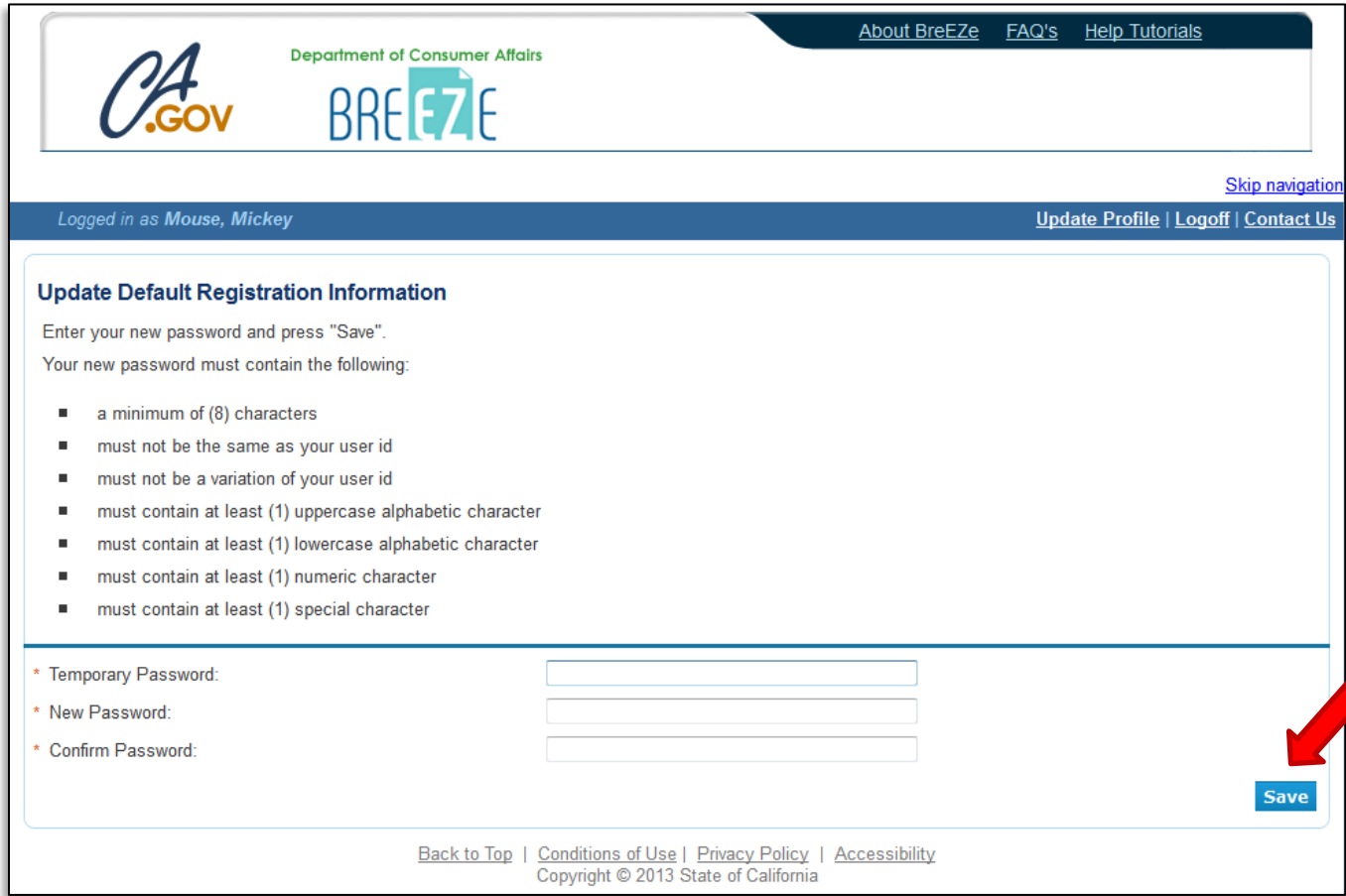
Open your e-mail message to view the temporary password. Print, write, or copy this temporary password, then click the <https://www.breeze.ca.gov/datamart/languageChoice.do> link to complete the registration process.



Enter the User ID you created during User Registration, and enter the temporary password.



Enter the temporary password again, then create your new password. **Your new password must include:** a minimum of 8 characters, must not be the same as your user id, must not be a variation of your user id, must contain at least 1 uppercase alphabetic character, must contain at least 1 lowercase alphabetic character, must contain at least 1 numeric character, must contain at least 1 special character. (A special character is a symbol such as: !, @, #, %, etc.) Confirm your new password by re-entering it in the Confirm Password box, and click **'Save'**.



The screenshot shows the BreEZe user interface. At the top left is the CA.GOV logo and the Department of Consumer Affairs logo. To the right are links for 'About BreEZe', 'FAQ's', and 'Help Tutorials'. Below this is a navigation bar with 'Skip navigation' on the right and 'Logged in as Mouse, Mickey' on the left. Further right in the navigation bar are links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Update Default Registration Information' and contains instructions: 'Enter your new password and press "Save". Your new password must contain the following:'. A bulleted list specifies password requirements: a minimum of 8 characters, not the same as the user id, not a variation of the user id, at least one uppercase alphabetic character, at least one lowercase alphabetic character, at least one numeric character, and at least one special character. Below the list are three input fields labeled '* Temporary Password:', '* New Password:', and '* Confirm Password:'. A blue 'Save' button is located at the bottom right of the form area, with a red arrow pointing to it. At the bottom of the page are links for 'Back to Top', 'Conditions of Use', 'Privacy Policy', and 'Accessibility', along with the copyright notice 'Copyright © 2013 State of California'.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

Logged in as Mouse, Mickey Update Profile | Logoff | Contact Us

Update Default Registration Information

Enter your new password and press "Save".
Your new password must contain the following:

- a minimum of (8) characters
- must not be the same as your user id
- must not be a variation of your user id
- must contain at least (1) uppercase alphabetic character
- must contain at least (1) lowercase alphabetic character
- must contain at least (1) numeric character
- must contain at least (1) special character

* Temporary Password:

* New Password:

* Confirm Password:

[Save](#)

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At the Add Licenses to Registration screen, click **'Yes'**, then click **'Next'** to continue.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

Logged in as Mouse, Mickey Update Profile | Logoff | Contact Us

Step1: Ever held a license before with DCA?

Add Licenses To Registration

Welcome to DCA OnlineQuickStart

By answering a few, simple questions, we will help you to get started.

Are you, or have you ever been, professionally licensed or registered with the Department of Consumer Affairs?

Yes [How do I know?](#)

No

Next

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Select **'Respiratory Care Board'** from the 'DCA Board/Bureau/Committee' dropdown box, and **'Respiratory Care Practitioner'** from the 'License/Registration Type' dropdown box, then click **'Next'** to continue.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

Logged in as Mouse, Mickey Update Profile | Logoff | Contact Us

Step1: Ever held a license before with DCA?

Add Licenses To Registration - Select License Type

Welcome to DCA OnlineQuickStart

Identify the License/Registration that you have held, or you have applied for, in the past.

Which board manages your License/Registration type? Selecting the appropriate board will narrow the available items found in the License/Registration drop-down list.

DCA Board/Bureau/Committee: **Respiratory Care Board** [How do I know?](#)

License/Registration Type: **Respiratory Care Practitioner** [How do I know?](#)

Next Cancel

Back to Top | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
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Enter the personal information requested to validate your license information. [If you have a suffix in your name (Jr., III, etc.) please include this in the 'Last Name' field. (Example: Mouse Jr.)] Enter the security characters*, and click 'Next'.

*(If you have troubles reading the security characters, click 'Refresh' until they become easier to read.)

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Skip navigation

Logged in as Mouse, Mickey Update Profile | Logoff | Contact Us

Step1: Ever held a license before with DCA?

Step2: Provide Identifying Information

Step3: Confirm Information

Add Licenses To Registration - Validation

Help us find your records.

Please note that you must have an SSN/ITIN on file with your licensing Board/Bureau/Committee in order to on-board your license. If you do not have an SSN/ITIN on file, you will not be able to onboard your license. Please contact your Board/Bureau /Committee for instruction on how to provide your SSN/ITIN.

Please provide your information in order for the Department of Consumer Affairs to confirm that you do not have a previous record in the BreEZe system. A previous record may include: licensee, complainant, witness, etc

* Required Information

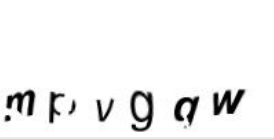
* Last Name:

* SSN/ITIN: Last 4 Digits of SSN/ITIN

* Date Of Birth: (mm/dd/yyyy)

Security Measures (This helps to prevent automated registrations.)

* Type the characters from the picture below (without spaces):

 Refresh

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Verify that this is your name and license number, then click 'I confirm this is my license/registration information', and click 'Next'.

If for some reason you are not able to link your license information to your BreEZe account, please call the RCB at (916) 999-2190, or toll free at (866) 375-0386 M-F 8am-5pm.

CA.GOV Department of Consumer Affairs BREZE

About BreEZe FAQ's Help Tutorials

Logged in as Mouse, Mickey Update Profile | Logoff | Contact Us

Skip navigation

Add Licenses To Registration - Preview

Good News! We have located your information

Please confirm your license/registration/certificate credentials below. If you are a current applicant, you will see the type of license you are currently pursuing listed below.

Indiv / Org Number:

Name: MOUSE, MICKEY

license/registration Type	license/registration Number
Respiratory Care Practitioner	

Select One:

I confirm this is my license/registration information (read www.dca.ca.gov/webapps/breeze/dec_descript.php)

No this is not my license/registration information

Next Cancel

Back to Top | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
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After successfully linking your license, you will receive the following message asking if you would like to link more licenses to your profile, click 'No' to continue.

The screenshot shows the BREZE website interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BREZE logo. Navigation links include "About BreEZe", "FAQ's", and "Help Tutorials". A user is logged in as "Mouse, Mickey". The main content area is divided into sections: "Quick Start Menu", "License Activities", "Applications", and "Additional Activities". A modal dialog box is displayed in the center, asking: "You have successfully linked your online registration to a license(s). Would you like to link your online registration to more license(s)?" with "Yes" and "No" buttons. A red arrow points to the "No" button. The footer contains links for "Back to Top", "Conditions of Use", "Privacy Policy", and "Accessibility", along with a copyright notice for 2013 State of California.

This will bring you to the **Quick Start Menu**.


The screenshot shows the BreEze user interface. At the top, there is a header with the CA.GOV logo, the Department of Consumer Affairs logo, and the BreEze logo. Navigation links include 'About BreEze', 'FAQ's', and 'Help/Tutorials'. A user is logged in as 'Mouse, Mickey', with links for 'Update Profile', 'Logoff', and 'Contact Us'. The main content area is titled 'Quick Start Menu' and contains several sections: 'License Activities' with options like 'It is time to Renew!' and 'Manage your license information'; 'Applications' with 'Start a New Application or Take an Exam'; and 'Additional Activities' with 'Make Payments/Cart', 'Add Authorized Representative', and 'License Notification Subscriptions'. A 'License/Registration Information' sidebar is also visible on the right.

To request a Military Active renewal waiver, select **'Military Inactive – Renewal Waiver Application'** from the dropdown menu under 'Manage your license information', then click the **'Select'** button.


This close-up shows the 'License Activities' section, specifically the 'Manage your license information' option. A dropdown menu is open, showing 'Respiratory Care Practitioner' and 'Military Inactive - Renewal Waiver Application'. A red arrow points to the 'Military Inactive - Renewal Waiver Application' option, and a 'Select' button is visible to the right.

At the Military Inactive – Renewal Waiver Application – Introduction screen, please read the information carefully, and click **'Next'** to continue.


Please Note: You must have the necessary and required Inactive Duty documentation to complete this waiver application.

Introduction	Military Inactive - Renewal Waiver Application - Introduction
Information Privacy Act	Please complete this application if you are requesting a waiver from renewal requirements, including fees, due to being called to active duty as a member of the United States Armed Forces or the California National Guard. The renewal requirements and fees will only be waived for the period during which a licensee is called to active duty service.
Name and Personal/Organization Details	Pursuant to Business and Professions Code Section 114.3, in order to receive the waiver you must:
Contact Details	<ul style="list-style-type: none">• Possess a current and valid license with the board at the time you are called to active duty.• Provide written documentation that substantiates being called to active duty (e.g military orders). Please attach this documentation on the attachments screen later in this application.
File Attachments	If granted the renewal waiver, it is important to note that you may not engage in any activities for which you are licensed.
Application Summary	Once you have received notice of your discharge date, you must notify the board of your discharge from active duty within 60 days of receiving your notice of discharge. In order to engage in any activities for which you are licensed once discharged from active duty, you must meet all necessary renewal requirements as determined by the board within six months from date of discharge from active duty service. Press "Next" to continue. Press "Cancel" to exit this application.
	 Next Cancel

On the Information Privacy Act screen, please read the information carefully and click **'Agree'** to continue.

Introduction	Military Inactive - Renewal Waiver Application - Information Privacy Act
Information Privacy Act	Pursuant to Business and Professions Code section 30, you MUST provide either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) if you are an individual, or a Federal Employer Identification Number (FEIN) if you are applying on behalf of a partnership. The number you provide will be used for purposes related to tax enforcement, compliance with a judgment or order for child or family support in accordance with Family Code section 17520, or for verification of licensure or examination status when a reciprocity agreement or comity exists between that state and California. If you fail to disclose your SSN, ITIN, or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a penalty against you.
Name and Personal/Organization Details	
Contact Details	
File Attachments	With the exception of your SSN, ITIN, and FEIN, this application and the information contained herein may be disclosed pursuant to a request made under the California Public Records Act.
Application Summary	Press "Agree" to continue. Press "Cancel" to exit this application.
 Agree Cancel	

On the Name and Personal Details screen, verify your information is correct and click **'Next'**.

Introduction	Military Inactive - Renewal Waiver Application - Name and Personal Details
Information Privacy Act	Press "Previous" to return to the previous screen.
Name and Personal/Organization Details	Review your personal details and press "Next" to continue.
Contact Details	Press "Cancel" to exit this application.
File Attachments	
Application Summary	Title: First Name: MICKEY Middle Name: Last Name: MOUSE Suffix:
 Previous Next Cancel	

On the Address Detail Summary screen, verify your information is correct and click **'Next'**.

If you need to update your address, phone number, or e-mail, click the '[Address of Record](#)' link under 'License Specific Addresses' to edit the information.

Introduction **Military Inactive - Renewal Waiver Application - Address Detail Summary**

Information Privacy Act Press "Previous" to return to the previous section.

Name and Personal/Organization Details Press "Next" when finished adding/changing addresses.

Press "Cancel" to exit this application.

Contact Details **License Specific Addresses**

[Address of Record](#) Name: **MOUSE, MICKEY**

Address:

Phone Number:

E-mail:

Please note, the 'Address of Record' will be disclosed to the public.

[Previous](#) [Next](#) [Cancel](#)

The Attachments screen is a required screen where you are able to attach any documents required to complete this application. Click the 'Browse' button to select the file from your computer, then click 'Attach' to include the attached documents to your application. Click 'Next' to continue.

Military Inactive - Renewal Waiver Application - Attachments

Note: Please scan and attach the following documentation on this page of the application (you may be asked to submit original documentation).

- Documentation that substantiates being called to active duty (e.g military orders).

Locate a file with the "Browse" button and press "Attach" or "Remove" as required.
Press "Next" when there are no more files to attach.
Press "Previous" to return to the previous screen.
Press "Cancel" to exit this application.

File Name: No file selected.

Notes:

Note: The character limit for the notes field is 200 characters

The next screen contains the Application Summary. Review the information that was entered on this application, and click 'Submit' to move forward.

Military Inactive - Renewal Waiver Application - Application Summary

Press "Previous" to the return to the previous section.
Review the data and press "Submit" to submit this application.
Press "Cancel" to exit this application.

Military Inactive - Renewal Waiver Application Summary

License Type:	Respiratory Care Practitioner
File Number:	
License Number:	
Application Date:	(mm/dd/yyyy)

Personal Details

Title:	
First Name:	
Middle Name:	
Last Name:	

Addresses

License Specific Addresses

Address of Record	Name:	
	Address:	
	Phone Number:	
	E-mail:	

On the Attestation screen, read the statement, click **'Yes'**, then click **'Submit'** to complete your application.

Introduction	Military Inactive - Renewal Waiver Application - Attestation
Information Privacy Act	Press "Previous" to return to the previous section.
Name and Personal/Organization Details	Answer "Yes" or "No" to the Attestation and press "Submit" to continue.
Contact Details	Press "Cancel" to exit this application.
File Attachments	I declare under penalty of perjury under the laws of the State of California that the information contained in this application and copies of all documents submitted as part of the application are true and correct.
Application Summary	<input type="radio"/> Yes <input type="radio"/> No
	Previous Submit Cancel

If you have any questions, please call the RCB at (916) 999-2190, or toll free at (866) 375-0386 for more information.