



CHIROPRACTIC CORPORATION CERTIFICATE RENEWAL

USE THIS FORM **ONLY** FOR CORPORATIONS EXPIRING WITHIN 30 DAYS,
HAVE ALREADY EXPIRED OR IS IN FORFEITURE STATUS

Complete this form and submit with payment in the amount of \$10.00 to:
State of California
Board of Chiropractic Examiners
901 P Street, Suite 142A
Sacramento, California 95814

BE SURE **ALL** AREAS ARE COMPLETE. INCOMPLETE FORMS WILL NOT BE PROCESSED.

Check the box that applies to this request: Annual Renewal Expired/Forfeiture

Type or Print:

Name of Chiropractic Corporation:
Corporation No.:
Current Address for Corporation:

Person completing this form:

PRINT Name: _____ DC No.: _____

Signature: _____ Date: _____