

## Application for Duplicate License or Name Change

Complete this form and submit to the Board at the address below with \$25.00 (check or money order) processing fee. If you are requesting a name change, your original wall certificate must accompany this form along with *legal documents* verifying the name change. If you are requesting a duplicate license, due to an address change, please return your old licenses with this form. If you are requesting active status, please submit with the inactive to active application form.

			<b>License Number:</b> DC
<b>Name:</b>	Last	First	Middle
<b>Address:</b>	Number	Street	
	City	State	Zip Code
<b>Practice Address:</b>	Number	Street	
	City	State	Zip Code
<b>Work Telephone Number:</b>	(     )		
<b>E-mail Address (optional)</b>			

### DUPLICATE LICENSE

Please check the appropriate box to indicate why you are requesting a duplicate license:

From Inactive to Active     Lost     Stolen     Destroyed     Change of Address

### LEGAL NAME CHANGE (attach legal/court order documents)

New Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Reason for name change:

Marriage     Divorce     Court Order

### AFFIDAVIT

I declare under penalty of perjury under the laws of the State of California that the Foregoing is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

T (916) 263-5355  
F (916) 327-0039  
TT/TDD (800) 735-2929  
Consumer Complaint Hotline  
(866) 543-1311

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