



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 a check or money order 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: _____

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

Board of Chiropractic Examiners
901 P Street, Suite 142A
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www.chiro.ca.gov