



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
 DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
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REQUEST FOR VERIFICATION OF LICENSURE/CERTIFICATION

Instructions: You must complete all the information requested on this form. Include a check or money order made payable to "BOCE" in the amount of \$124.00. Submit this form to the address above. Please allow 4-6 weeks for processing.

ATTACH ANY ADDITIONAL FORMS THAT MUST BE COMPLETED

License Information:

License Number: _____

Last Name: _____

First Name: _____

Address to which the verification of licensure/certification should be mailed:

Entity Name: _____

Contact: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Postal Code: _____

Signature: _____

Telephone: _____

Date: _____

Receipt No. _____
Date Cashiered _____
Amount Paid _____