



## APPLICATION FOR RESTORATION OF LICENSE

**Instructions:** In order to restore a license, you must submit a completed application with required documentation, and a check or money order payable to "BOCE" in the amount of \$626.00 for the restoration application fee.

If your license has been expired for more than three years, you must have your fingerprints scanned at a Livescan facility. Livescan fees are paid directly to the vendor and vary according to location. Livescan facilities and fees may be found at <http://ag.ca.gov/fingerprints/publications/contact.htm>. If your license has been expired for more than three years and you reside outside of California, you must submit fingerprint cards and an additional \$49.00 fingerprint fee with your application. **Restoration and fingerprint fees are non-refundable.**

**Required Documentation:** In addition to the application and fees described above, you must submit documentation that you have met the requirements to restore your license and provide a 2 x 2 photograph taken within 60 days from the filing of this application. (Polaroids will not be accepted.)

Please Print or Type

<b>Name:</b> Last				First				Middle				Former			
<b>Address:</b> Number								Street							
City								State				Zip Code			
<b>Telephone:</b> Residence								Business							
( )				( )				( )				( )			
<b>Practice Address:</b> Number								Street							
City								State				Zip Code			
Date of Birth								Social Security Number							

<b>License No.:</b>
Date of Forfeiture or Cancellation:
PHOTO HERE

**2. Are you licensed in any other state or country?**  Yes  No If yes, please specify below

State/Country	Issue Date	License No.	Current Status

**3. Chiropractic College you attended:**

<b>Name of College:</b>	<b>Address</b>	<b>City/State</b>	<b>Zip</b>	<b>Graduation Date:</b>

**FOR OFFICE USE ONLY**

<b>Date Cashiered:</b> _____	<b>Amount:</b> _____
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