



## Application for Satellite Office Certificate; Annual Renewal and Cancellation

Pursuant to California Code of Regulations Section 308, you are required to display, in a conspicuous place, for each sub-office where chiropractic treatment is provided, a Satellite Office Certificate. **Your certificate(s) will be mailed to the Satellite Office address listed below, NOT to your primary practice address.**

Satellite Office Certificates are non-transferable. Any change to the satellite location, such as moving, requires a new certificate and the former certificate should be returned to the Board. If you request cancellation of a certificate, it is the certificate holder's responsibility to return the original Satellite Office Certificate to the Board.

**Fees: New Satellite \$62.00 each, Satellite Renewal \$31.00 each in a check or money order made payable to "BOCE". If you have more than 3 satellite locations, you must obtain additional forms. If you are a traveling chiropractor and conduct your practice out of an automobile or motorhome, you are not required to have this certificate.**

### PLEASE CHECK THE APPROPRIATE BOX

PRINT IN INK OR TYPE

Name and primary practice address where your chiropractic license is displayed:

LAST	FIRST	MIDDLE	DC LICENSE NUMBER		
Primary Practice Address	Number	Street	City	State	Zip Code
Telephone Number (       )					

<input type="checkbox"/> <b>NEW LOCATION</b>	<input type="checkbox"/> <b>RENEWAL</b>	<input type="checkbox"/> <b>CANCELLATION</b>
Address:      Number      Street      City      State      Zip Code	Sat. No. _____	
Telephone Number (       )	Issue Date _____	
	Issued By _____	

<input type="checkbox"/> <b>NEW LOCATION</b>	<input type="checkbox"/> <b>RENEWAL</b>	<input type="checkbox"/> <b>CANCELLATION</b>
Address:      Number      Street      City      State      Zip Code	Sat. No. _____	
Telephone Number (       )	Issue Date _____	
	Issued By _____	

<input type="checkbox"/> <b>NEW LOCATION</b>	<input type="checkbox"/> <b>RENEWAL</b>	<input type="checkbox"/> <b>CANCELLATION</b>
Address:      Number      Street      City      State      Zip Code	Sat. No. _____	
Telephone Number (       )	Issue Date _____	
	Issued By _____	

*I hereby certify that the information provided is true, correct and complete to the best of my knowledge. I also certify that I personally read and completed this application and have read the instructions.*

Original Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Receipt No.:	_____
Date Cashiered:	_____
Amount Rec'd:	_____