



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
 DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
 1625 N. Market Blvd., Ste N-327, Sacramento, CA 95834

P (916) 263-5355 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov



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 \$83.00. 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 _____