



State of California  
Edmund G. Brown Jr., Governor

## REQUEST FOR VERIFICATION OF LICENSURE/CERTIFICATION

**Instructions:** You must complete all the information requested on this form. Include a check or money order in the amount of \$10.00. Submit this form to the address below. 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 \_\_\_\_\_

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  
Sacramento, California 95814  
[www.chiro.ca.gov](http://www.chiro.ca.gov)