BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

Edmund G. Brown Jr., Governor

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.

Each new or renewal Satellite Office Certificate is $5.00 and must be paid by check or money order. 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 ( )					

☐ **NEW LOCATION** ☐ **RENEWAL** ☐ **CANCELLATION**

Address:	Number	Street	City	State	Zip Code	Sat. No. ________
Telephone Number ( )						Issue Date ______ Issued By _______

☐ **NEW LOCATION** ☐ **RENEWAL** ☐ **CANCELLATION**

Address:	Number	Street	City	State	Zip Code	Sat. No. ________
Telephone Number ( )						Issue Date ______ Issued By _______

☐ **NEW LOCATION** ☐ **RENEWAL** ☐ **CANCELLATION**

Address:	Number	Street	City	State	Zip Code	Sat. No. ________
Telephone Number ( )						Issue Date ______ Issued By _______

I certify under penalty of perjury that the foregoing is true and correct.

______________________________ ______________
Original Signature Date

FOR OFFICE USE ONLY

Receipt No.: ________________

Date Cashiered: ________________

Amount Rec'd: ________________

T (916) 263-5355
F (916) 327-0039
TT/TDD (800) 735-2929
Consumer Complaint Hotline
(866) 543-1311

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