



Edmund G. Brown Jr., Governor

## Certificate of Registration for Chiropractic Corporation APPLICATION

Pursuant to Business and Professions Code section 1051 and Title 16, California Code of Regulations section 367.5, you are required to submit to the Board, for approval, an application to register as a chiropractic corporation. **The fee for this application is \$100.00. Check or money order payable to: "BOCE". All fees are non-refundable.**

- ☞ Attach CERTIFIED copies of Articles of Incorporation (including amendments) from the Secretary of State with your application
- ☞ **Name of the corporation** must comply with the California Business and Professions Code 1054, *"Notwithstanding any other provision of law, the name of a chiropractic corporation and **any name or names under which it may be rendering professional services**, shall contain the name or the last name of one or more of the present, prospective, or former shareholders, and shall include the word "chiropractic" and the word "corporation" or wording or abbreviations denoting corporate existence"*

A professional chiropractic corporation cannot render services using a fictitious name or a "DBA".

**ALL AREAS IN BOLD MUST BE COMPLETED** - WHEN SPACE PROVIDED IS INSUFFICIENT, ATTACH ADDITIONAL SHEETS OF PAPER. ALL ATTACHMENTS ARE CONSIDERED PART OF THE APPLICATION.

<b>NAME OF CORPORATION</b>				
<b>Corporation Practice Address</b>	<b>Number</b>	<b>Street</b>	<b>City, State</b>	<b>Zip</b>
<b>Contact Person Name and Telephone Number</b>				

**CORPORATE OFFICERS / DIRECTORS** (Positions of President and Treasurer **are required**. Positions must be held by a licensed chiropractor. The positions of Vice-President and Secretary can be held by non-licensed persons.)

Title and Name	Address, if different from above	DC License #
<b>PRESIDENT</b> Name:		
VICE-PRESIDENT Name:		
SECRETARY Name:		
<b>TREASURER</b> Name		
OTHER ( <i>indicate title</i> ) Name:		
OTHER ( <i>indicate title</i> ) Name:		

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)

<b>FOR OFFICE USE ONLY</b>
Date Cashiered _____
Amount Rec'd \$ _____

**SHAREHOLDER(S)** (At least one shareholder is required. Total of all shares must equal 100%)

Name	Address, if different from above	License #	% of shares
<b>NAME:</b>			
Name:			
Name:			
Name:			

**EMPLOYEES - List all licensees who will render professional services**  
(Including those already listed as an officer or shareholder)

Name	Address, if different from above	DC License #
<b>NAME:</b>		
Name:		
Name:		
Name:		
Name:		

**DECLARATION OF APPLICANT**

I am an officer of \_\_\_\_\_ Corporation and as such make  
(name of corporation)  
 this declaration on behalf of said corporation. I have read the foregoing application and all attachments thereto and know the contents thereof. I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed at \_\_\_\_\_, California, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(City)

NOTE: Must be executed by an officer  
 Who is a licensed chiropractor.

By \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title