



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
 DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS  
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## 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 \$124.00. 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 _____