



APPLICATION FOR RESTORATION OF LICENSE

Instructions: In order to restore a license, you must submit a completed application with required documentation, and a check or money order payable to "BOCE" in the amount of \$626.00 for the restoration application fee.

If your license has been expired for more than three years, you must have your fingerprints scanned at a Livescan facility. Livescan fees are paid directly to the vendor and vary according to location. Livescan facilities and fees may be found at <http://ag.ca.gov/fingerprints/publications/contact.htm>. If your license has been expired for more than three years and you reside outside of California, you must submit fingerprint cards and an additional \$49.00 fingerprint fee with your application. **Restoration and fingerprint fees are non-refundable.**

Required Documentation: In addition to the application and fees described above, you must submit documentation that you have met the requirements to restore your license and provide a 2 x 2 photograph taken within 60 days from the filing of this application. (Polaroids will not be accepted.)

Please Print or Type

Name: Last				First				Middle				Former			
Address: Number								Street							
City								State				Zip Code			
Telephone: Residence								Business							
()				()				()				()			
Practice Address: Number								Street							
City								State				Zip Code			
Date of Birth								Social Security Number							

License No.:
Date of Forfeiture or Cancellation:
PHOTO HERE

2. Are you licensed in any other state or country? Yes No If yes, please specify below

State/Country	Issue Date	License No.	Current Status

3. Chiropractic College you attended:

Name of College:	Address	City/State	Zip	Graduation Date:

FOR OFFICE USE ONLY

Date Cashiered: _____	Amount: _____
------------------------------	----------------------

