



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

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