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APPLICATION FOR REPLACEMENT POCKET LICENSE

Fee is \$50.00

Please use blue or black ink below. Mail form and check or money order to the address above. Duplicate pocket licenses cannot be issued for additional places of practice. For these addresses, refer to the Wall License Location Form.

LICENSEE INFORMATION					
Name	Last	First	Middle		
License Number			License Expiration		
Address of Record					
Street					
City			State	Zip Code	
Email Address			Phone Number		

REASON FOR REPLACEMENT LICENSE (CHECK ONE)	
<input type="checkbox"/>	Damaged, Lost or Destroyed License
<input type="checkbox"/>	Never Received License (and I have already called and discussed with Board staff)
<input type="checkbox"/>	License Status Change

ATTESTATION
<p><i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p>
<p>Signature: _____ Date: _____</p>

FOR BOARD USE ONLY		
AMOUNT \$ _____	DATE _____	RECEIPT # _____