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WALL LICENSE LOCATION FORM

(\$50 Fee per Wall License)

Please use multiple forms if you are requesting action be taken on more than one place of practice and include a check or money order for \$50 per wall license registration/ renewal/ replacement. Please return your wall license with this form when requesting cancellation. No fee is required for cancellations. You may also visit our website and use your online account for a quicker and easier way to complete this form.

LICESEE INFORMATION			
NAME	Last	First	Middle
			LICENSE NUMBER
EMAIL:		PHONE NUMBER:	
<input type="checkbox"/> NO PLACE OF PRACTICE (NO FEE IS REQUIRED)			
PLACE OF PRACTICE (PoP) LOCATION			
<input type="checkbox"/> REGISTRATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELATION <input type="checkbox"/> REPLACEMENT			
PoP BUSINESS NAME		PoP EFFECTIVE/CANCELATION DATE	WALL LICENSE NO. (N/A FOR REGISTRATIONS)
PoP ADDRESS Number and Street		PoP PHONE NUMBER:	
		PoP EMAIL:	
PoP CITY	PoP STATE	PoP ZIP CODE	
REASON FOR WALL LICENSE REPLACEMENT: (check one)			
<input type="checkbox"/> Damaged, lost or destroyed license <input type="checkbox"/> Never received license			
PERSONAL ATTESTATION			
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.</i>			
Licensee Signature: _____		Date: _____	
FOR BOARD USE ONLY			
AMOUNT \$ _____ RECEIPT # _____ DATE _____			