

**REPLACEMENT/DUPLICATE**  
**LICENSE APPLICATION FORM**

12/4/15

**PLEASE TYPE OR PRINT**

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**NAME AS IT APPEARS ON ORIGINAL LICENSE**

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**LICENSE NUMBER**

**ORIGINAL DATE OF ISSUE**

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**MAILING ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**1. The replacement of this license is due to a name change, loss, or destruction.**

**(Circle one)**

**2. If application is a request for duplicate please indicate reason for duplicate below.**

**3. If due to a loss or destruction, please state the facts.**

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**3. If due to a name change, type or print your name as your wish it to appear on the replacement license. Enclose copy of official document indicating name change (i.e. court document, marriage certificate).**

**D. C.**

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**I solemnly swear or attest that the statements herein are true and accurate to the best of my knowledge.**

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**SIGNATURE OF APPLICANT**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

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**NOTARY PUBLIC SIGNATURE AND SEAL**

**EXPIRATION DATE**

**Return application and fee of \$75 to:**

**ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS**  
**126 CHILTON PLACE**  
**CLANTON, AL 35045**