



BIENNIAL CHIROPRACTIC RENEWAL FORM

Texas Board of Chiropractic Examiners
333 Guadalupe Street
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Austin, TX 78701-3942

Phone:(512) 305-6707

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Inactive

Inactive

D.C. Lic# _____

NAME:

First

Middle

Last

HOME ADDRESS (PLEASE PRINT OR TYPE)

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

*Please mark your primary address:
 Home Mailing
All Board mail will be sent to your primary address

MAILING ADDRESS: (PLEASE PRINT OR TYPE)

ADDRESS: _____

PHONE: _____

FAX: _____

LICENSE NUMBER	EXPIRATION DATE
_____	_____
<u>\$0.00</u>	Renewal fee if received at Board office before
<u>\$0.00</u>	Renewal fee if received at Board office on or after

Practicing with an expired or inactive license carries a penalty of up to \$1,000 per violation, with every day being a separate violation.

You must complete BOTH
Sides of this form

