



ACUPUNCTURE BOARD

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
 (916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov

APPLICATION FOR DUPLICATE LICENSE

I am hereby requesting issuance of: **Wall License** (Fee is \$15.00) **Pocket License** (Fee is \$10.00)
 No fee is required if license was never received. California Business and Professions Code Section 119(f) prohibits copies, duplications or reproductions of your license unless specifically authorized by this code and issued by State of California.

Duplicate license request procedures:

1. Fill out all required sections below in blue or black ink. Make sure to sign and date at bottom.
2. Attach payment with this form. Payment must be in check or money order in U.S funds from a U.S bank. Credit cards not accepted.
3. Processing and issuance of duplicate licenses takes 2-4 weeks from when application is received in our office.

SECTION I - General information (required)		
Name: (Last)	(First)	(Middle)
Address of record (your address of record is public information and is given to the public upon request.)		
City	State	Zip
License Number:	License Issue Date:	License Expiration Date:
Email address:		Phone Number:
Reason for duplicate license (check one):		
<input type="checkbox"/> Additional location (complete Section II and V) <input type="checkbox"/> Damaged, lost or destroyed license (complete Section III and V) <input type="checkbox"/> Never received license (complete Section IV & V)		
SECTION II - Additional location(s) <i>Wall licenses only. Pocket licenses cannot be issued for additional locations.</i>		
Additional Location(s) Address: _____		

SECTION III - Damaged, Lost or Destroyed License		
Please state the specifics of how, where and when your license was damaged, lost or destroyed: _____		



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SECTION IV – Never received license *No fee is required for non-receipt of license.*

I, _____, certify that I never received and am not in possession of my license with the California Acupuncture Board (check all that apply):

- Wall license
- Pocket license

SECTION V - Please read carefully before signing.

False statements included in this application can result in discipline against your license. California Business and Professions Code Section 119(f) prohibits copies, duplications or reproductions of your license unless specifically authorized by this code and issued by State of California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____

Date: _____

FOR BOARD USE ONLY

AMOUNT \$ _____

ATS ID # _____

RECPT # _____

CHECK # _____