



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
LICENSE VERIFICATION REQUEST**

REQUESTOR'S INFORMATION (please print)

| | | | |
|------------------|--------------|-----------------------|-------------|
| FULL LEGAL NAME | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> |
| COMPANY | | | |
| MAILING ADDRESS | | | |
| | | | |
| CITY | STATE | ZIP | COUNTY |
| PHONE # () | | FAX # () | |
| EMAIL | | | |
| SIGNATURE | | DATE | |

**Board of Chiropractic Licensure
License Verification Request
Required Fees: \$25.00**

\$25.00 per verification

_____ Number of Verifications Requested

Office Use Only:

4180 2685- \$25.00

Office Use Only:

Check # _____
Amount: _____

Cash # _____

LICENSEE INFORMATION — This form may be used for single or multiple license verifications.

| | | | | |
|-------|--------------|-----------------------|-------------|------------|
| NAME: | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> | LICENSE #: |
| NAME: | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> | LICENSE #: |
| NAME: | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> | LICENSE #: |
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| NAME: | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> | LICENSE #: |
| NAME: | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> | LICENSE #: |

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

| | | | |
|--|--------------|----------------------------------|-------------|
| NAME OF CARDHOLDER (please print) | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> |
| I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my | | | |
| <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____ | | | |
| Card number: <i>XXXX-XXXX-XXXX-XXXX</i> | | Expiration Date <i>mm / yyyy</i> | |
| SIGNATURE | | DATE | |

ADDRESS TO SEND LICENSE VERIFICATION FOR

LICENSEE NAME

| | | |
|------------------------------------|---------|-------|
| STATE BOARD/ CREDENTIALING COMPANY | | |
| CONTACT PERSON | | |
| MAILING ADDRESS | | |
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Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **How long does it take to process an application?** License Verifications are processed within 7—10 business days of being received.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.