



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

REQUESTOR'S INFORMATION (please print)

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

**Board of Chiropractic Licensure
License Verification Request
Required Fees: \$25.00 (Non-Refundable)**

\$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>	LICENSEE #:
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 #:
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 #:
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 Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

ADDRESS TO SEND MAINE LICENSE VERIFICATION TO*LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND MAINE LICENSE VERIFICATION TO*LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND MAINE LICENSE VERIFICATION TO*LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND MAINE LICENSE VERIFICATION TO*LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

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

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.