



ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS

101 East Capitol Avenue, Suite 209, Little Rock, Arkansas, 72201

P: (501) 682-9015 / F: (501) 682-9016

www.arkansas.gov/asbce / ASBCE@arkansas.gov

LICENSE REACTIVATION REQUEST

Date: _____

Applicant Information

Reactivation of Arkansas Chiropractic License No. _____

Name:

FIRST, MIDDLE, LAST	MAIDEN/OTHER
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Address:

NUMBER AND STREET, CITY, STATE, ZIP	COUNTY
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() - HOME PHONE	() - CELL PHONE	() - WORK PHONE
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EMAIL	SS#	Date of Birth
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Payment Type: Check Money Order Cashier's Check

FEES: \$25 Reactivation Fee
 \$250 x ___ years Renewal Fee (*for each year not renewed plus current renewal*)
 \$200 x ___ years Late Fee (*for each year not renewed*)

Applicant Signature

Date

OFFICE USE ONLY	
Check No.	_____
Amount:	_____
Receipt No:	_____

To keep your record updated, please notify the board of any changes of the above information.