



## BUSINESS ENTITY OWNER/OFFICER/DIRECTOR DECLARATION FORM

### THE STATE OF ARIZONA BOARD OF CHIROPRACTIC EXAMINERS

1740 WEST ADAMS STREET, SUITE 2430 | PHOENIX, ARIZONA 85007

TELEPHONE: (602) 864-5088 | EMAIL: [Licensing@chiroboard.az.gov](mailto:Licensing@chiroboard.az.gov) | [www.ChiroBoard.gov](http://www.ChiroBoard.gov)

### **IMPORTANT:**

- You must submit **one (1) form** for each Owner/Officer/Director of the Business Entity.
- You must respond to each question. You may answer “None” or “N/A” if it is the correct response.
- If any of the Principals answer “YES” to Questions 1-3 of the Declarations, you must include an explanation and the requested supporting documents with your submission.
- You will be required to submit for each Owner/Officer/Director of the Business Entity the following:
  - A signed and completed **Arizona Statement of Citizenship** [found here](#).
  - A **valid Government Issued photo identification** confirming United States Citizenship or legal presence in the United States.(See Evidence List & Statement of Citizenship) [found here](#).
- Business Entity Applications and Supporting Documents will only be accepted through the [Business License Application Portal](#).
- **Please DO NOT Mail or Email your application or additional documents.**

## **BUSINESS ENTITY PRINCIPAL DECLARATIONS & ATTESTATIONS**

|  |   |
|--|---|
| NAME OF BUSINESS ENTITY:                 |   |
| FIRST NAME OF BUSINESS ENTITY PRINCIPAL: | LAST NAME OF BUSINESS ENTITY PRINCIPAL: |

### **ATTESTATIONS**

*Please attest to the following:*

|   |  |
|---|--|
| <p>1. Are you under investigation by any licensing Board, have you had a complaint filed against you or any license you possessed by this State or any other jurisdiction, has any formal sanction ever been taken against your license, have you ever surrendered a license or have you ever had a license denied?</p> <p><i>If you answered yes, include an explanation identifying the licensing entity, the date, and the nature of the situation. If you answered yes, you must arrange for the agency involved to send copies of any records related to your current investigation, license denial, or disciplinary action directly to this Board. If the requested documents are unavailable, the Board must receive written notification directly from the agency stating that the records are no longer available.</i></p> |  |
| <p>2. In the last 12 months, have you been arrested, charged with, indicted for, or under investigation for a misdemeanor or felony requiring resolution in the courts?</p> <p><i>If you answered yes, include an explanation including the crime’s nature, the arrest date, and the law enforcement agency and the court having jurisdiction. You must arrange for the law enforcement agency to send certified copies of all records related to your arrest directly to this Board.</i></p>   |  |
| <p>3. Have you ever been convicted of, pled guilty to, or plead nolo contendere to a misdemeanor or felony, even if the record of the conviction or plea was sealed, or expunged, or the conviction was set aside or forgiven, or if the charges are unresolved, or have you entered into a stipulation or settlement agreement in lieu of such proceedings?</p> <p><i>If you answered yes, you must arrange for each law enforcement agency and court-involved to send certified copies of all records related to your arrest(s) and conviction(s) directly to this Board.</i></p>   |  |



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**DECLARATIONS & SIGNATURE**

- a) I hereby give my permission for the Arizona State Board of Chiropractic Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
- b) I further agree to submit to questioning by the Board or any member thereof and to substantiate my statements if desired by the Board.
- c) I will notify the Board in writing within ten (10) working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for registration pursuant to A.R.S. § 32-3208 (B).
- d) I will notify the Board in writing immediately if I become the subject of any regulatory board's investigation or disciplinary action.
- e) I certify that I have read and personally answered all of the questions on this application.

|  |                          |
|--|--------------------------|
|  |                          |
| <b>SIGNATURE OF OWNER/OFFICER/DIRECTOR</b> | <b>DATE OF SIGNATURE</b> |

I, \_\_\_\_\_, the Owner/Officer/Director herein, state and depose that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information that may be of value to the Board of Chiropractic Examiners in determining my qualifications, whether it is called for or not. I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar this business entity from registration. Such falsification, omission, or withholding shall serve as sufficient grounds for the revocation or suspension of the registration if discovered after issuance of the registration. A.R.S. §32-900 et seq., Arizona Chiropractic Act.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_