

State of Arizona Board of Chiropractic Examiners

1951 West Camelback Road, Suite 330 • Phoenix, Arizona 85015 Voice: (602) 864-5088 FAX (602) 864-5099 TTY (800) 367-8939 (AZ Relay Service) www.chiroboard.az.gov

Ornamental Request & Credit Card Transaction Form

Please provide all information relating to your request as provided in the space below. Please print legibly. You may submit payment by check or money order and mailing in the form to the Board office. Please allow 2 - 4 weeks for printing and processing. Please enter None or N/A if that is the correct response.

| □Ornamental License - \$20.00 | ☐ Ornamental Certificate (PMMTP / Ac | upuncture) - \$20.00 |
|---|--|-----------------------|
| ■Renewal Receipt - \$5.00 | ☐ Ornamental Chiropractic Assistant Ce | rtificate - \$20.00 |
| Name on Certificate: License or Registration #: | | |
| Mailing Address: | | |
| <u>-</u> | City, State | Zip |
| Payment : Attached Check / | Money Order | tion is listed below: |
| Credit Card #: | | |
| CCV: | | _ |
| Expiration date: | / | <u> </u> |
| credit card and understar | Board of Chiropractic Examiners to charge nd that the payment processor "Payscape" fee for the use of my credit card in this trans | will assess a |
| Signatu | re | Date |