



# State of Arizona Board of Chiropractic Examiners

5060 North 19<sup>th</sup> Avenue Suite 416 • Phoenix, Arizona 85015  
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Member

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Member

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**Patrice A. Pritzl**  
Executive Director

## Inactive License Request

1. Name: \_\_\_\_\_  
*Last First M.I.*

2. Social Security Number: \_\_\_\_\_

3. D.C. License #: \_\_\_\_\_ Physiotherapy #: \_\_\_\_\_ Acupuncture #: \_\_\_\_\_

4. Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ ( )  
*City State Zip Code Telephone*

5. Home: \_\_\_\_\_  
*Street*

\_\_\_\_\_ ( )  
*City State Zip Code Telephone*

I, the undersigned, do attest that I am not currently engaged in the practice of chiropractic in the State of Arizona. I fully understand I will be subject to the penalties imposed pursuant to A.R.S. §32-924, if I practice chiropractic in Arizona while my license is inactive.

I acknowledge that while my license is inactive, I must still renew my license annually, pay the annual renewal fee and keep my address and telephone current with the Board in accordance with A.R.S. §32-923.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date