



LETTER OF GOOD STANDING REQUEST

This form is to be completed by any individual or organization requesting an official Letter of Good Standing from the **Oklahoma Board of Chiropractic Examiners**. The information provided will be used to verify the licensee's status and prepare the requested documentation. Please complete the information below and submit this form with the required non-refundable fee of **\$35.00** to the Board office.

REQUESTOR INFORMATION	
Contact Name:	Company:
Phone:	Email:
Mailing Address:	

Preferred Delivery Method: Mail Email*

***All letters will be sent to the email address provided above unless a mailed copy is specifically requested.**

CHIROPRACTOR INFORMATION
Full Name (First, Middle, Last):
Licensure Date:
OK License Number:
Other Instructions:

Total Check or Money Order Enclosed:

Mail this form and the non-refundable \$35.00 check or money order to:

OBCE
421 NW 13th Street, Suite 180
Oklahoma City, OK 73103

For OBCE use only :		
_____	_____	Check #: _____ \$ _____ . _____
Processed by	Date	