



APPLICATION FOR LETTER OF GOOD STANDING (LICENSE VERIFICATION)

FOR PMBC USE ONLY

| | |
|-------------------------|---------------------------|
| Fee paid: _____ | Receipt #: _____ |
| Date Cashiered: _____ | Cashier's Initials: _____ |
| Date Approved: _____ | Date Denied: _____ |
| Approved Initial: _____ | |

To request a letter of good standing (license verification) for a Doctor of Podiatric Medicine license or a Doctor of Podiatric Medicine Resident's license, you must complete this form and return it to the mailing address below along with a \$100 check or money order made payable to: *Podiatric Medical Board of California*. Please include an "request for certification" form that may have been provided to you by the state into which you are applying for licensure (if applicable).

Please print or type. Illegible applications will be returned.

LICENSEE INFORMATION:

LICENSE NUMBER (if known):

NAME:

STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

STATE MAILING INFORMATION:

Please provide the name and address to which the completed certification should be mailed.

STATE AGENCY:

CONTACT NAME/ATTN:

STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

This form must be mailed to the board at the address listed below with a \$100 processing fee.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA TO THE TRUTH AND ACCURACY OF THE ABOVE INFORMATION.

Signature

Date

Signature, date and processing fee are required to process this request.