



**OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA**  
1300 National Drive, Suite 150, Sacramento, CA 95834  
P (916) 928-8390 F (916) 928-8392 | www.ombc.ca.gov



# Request to Order License Endorsement/Verification

*Each endorsement (verification) ordered requires a \$25.00 fee*

Licensee: Please Complete the Following:

I am requesting that the Osteopathic Medical Board of California prepare and mail a license endorsement/verification for:

Name: \_\_\_\_\_

License #: 20A\_\_\_\_\_

Mail endorsement/verification to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Licensee: Mail This Completed Form and Check for \$25.00 to:

Osteopathic Medical Board of California  
1300 National Drive, Suite 150  
Sacramento, CA 95834-1991

Cashiering: Transaction Code 8030