

MANUAL LICENSE RENEWAL APPLICATION

*CONTINUING PROFESSIONAL DEVELOPMENT
PROVIDER*

---- PLEASE ALLOW 6 TO 8 WEEKS FOR PROCESSING ----

PDP COMPANY NAME _____

CONTACT NAME _____

PDP LICENSE NUMBER _____

EXPIRATION DATE _____

AMOUNT ENCLOSED _____

Make check payable to:

RENEWAL FEES
Active
PDP \$200.00

SLPAHADB

I certify under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

SIGNATURE _____

DATE _____

*PLEASE COMPLETE IF YOU HAVE A NEW PUBLIC
ADDRESS AND/OR TELEPHONE NUMBER*

BUSINESS NAME _____

BUSINESS TELEPHONE _____

BUSINESS ADDRESS _____

(Detach Here)

IMPORTANT INFORMATION

If your renewal application and fee is not processed prior to your expiration date, this license will be cancelled and a new application must be submitted.