



REQUEST FOR POCKET LICENSE / WALL CERTIFICATE

You may submit your request and fee in the amount of **\$25.00**, per item requested online via your **BreEze** account or mail this form with a check or money order in the amount of **\$25.00**, per item requested made payable to **CBOT**.

Type of license being requested:

OCCUPATIONAL THERAPIST

- Pocket License
- Wall Certificate

OCCUPATIONAL THERAPY ASSISTANT

- Pocket License
- Wall Certificate

PLEASE PRINT:

Name _____ OT/OTA _____
(Please circle one) (License Number)

Address _____
(Street and Number)

City, State, Zip Code _____

Contact Telephone Number (_____) _____

Email address (optional) _____

**** Please note that this form does not constitute an address change**

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing request, including all supplementary statements.

 SIGNATURE

 DATE

FOR OFFICE USE ONLY			
Cashier No		Amount	
Date Keyed		R/C Date	