



TEXAS STATE BOARD OF ACUPUNCTURE EXAMINERS

CANCELLATION BY REQUEST

Acupuncturist's Name _____
(Please print)

Acupuncturist's License Number _____
(Please print)

BEFORE ME, the undersigned notary public, on this day personally appeared _____,
who, after being by me duly sworn, upon his oath deposed and said:

I hereby request that my Acupuncturist License, Number _____ be cancelled immediately.

I understand if my acupuncture permit has been expired for one year or longer, my license would be considered canceled, unless an investigation is pending. After closure of the investigation, the license shall be automatically cancelled for nonpayment of registration fees, late fees, and/or failure to timely submit registration forms.

I understand that by executing this affidavit, my license will be cancelled and I will no longer be able to exercise any rights or privileges as an Acupuncturist in Texas.

I understand that in order to reactivate the license following cancellation, I must file an application for relicensure and meet all requirements for licensure in effect at the time of application.

Acupuncturist's Signature

SUBSCRIBED & SWORN to me by _____, before me on this the

_____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Notary Public Signature

Notary's Printed Name: _____

NOTARY SEAL State of _____

My Commission Expires: _____

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