STATE OF NEW HAMPSHIRE OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

7 Eagle Square Concord, N.H. 03301-4980 Telephone 603-271-2152

RELINQUISHMENT OF LICENSE AND REQUEST FOR FEE REFUND

*** IF FILED WITHIN 90 DAYS OF RECEIVING THE LICENSE BEING RELINQUISHED, YOU MUST FILE A WAIVER REQUEST WITH THIS REFUND REQUEST ***

Profession in which license issued: License number:	communicate with the OPLC regarding this request: Title:
Designated email address (pick one): [] Designated email address on file is still correct [] Designated email address is now:	communicate with the OPLC regarding this request: Title:
[] Designated email address on file is still correct [] Designated email address is now:	communicate with the OPLC regarding this request: Title:
[] Designated email address is now:	communicate with the OPLC regarding this request: Title:
Requestor is (pick one): [] An individual [] An entity, who has authorized the following individual to Name: Daytime telephone number: Reason requestor wishes to relinquish this license (pick one) [] Retiring [] Leaving the profession; no reasonable expectation of well in the profession of the profession of the profession of the profession for more than 2 years; [] Closing the business; will not be transferring license [] Other: Signature and Attestation By signing below, I attest that: • To the best of my knowledge and belief, I am not under investigation.	communicate with the OPLC regarding this request: Title:
[] An individual [] An entity, who has authorized the following individual to Name: Daytime telephone number: Reason requestor wishes to relinquish this license (pick one [] Retiring [] Leaving the profession; no reasonable expectation of ware [] Moved to another jurisdiction and no longer wish to main [] Planning to leave the profession for more than 2 years; [] Closing the business; will not be transferring license [] Other: Signature and Attestation By signing below, I attest that: • To the best of my knowledge and belief, I am not under investigation.	Title:
[] An entity, who has authorized the following individual to Name: Daytime telephone number: Reason requestor wishes to relinquish this license (pick on a line of the profession) and reasonable expectation of which is license to the profession and no longer wish to main the profession for more than 2 years; [] Closing the business; will not be transferring license [] Other: Signature and Attestation By signing below, I attest that: • To the best of my knowledge and belief, I am not under investigation.	Title:
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 [] Planning to leave the profession for more than 2 years; [] Closing the business; will not be transferring license [] Other: Signature and Attestation By signing below, I attest that: To the best of my knowledge and belief, I am not under invented. 	anting to practice in the profession in the future
 [] Closing the business; will not be transferring license [] Other: Signature and Attestation By signing below, I attest that: To the best of my knowledge and belief, I am not under inve 	ntain license in New Hampshire
 Signature and Attestation By signing below, I attest that: To the best of my knowledge and belief, I am not under inve 	do not wish to maintain license while not practicing
Signature and Attestation By signing below, I attest that: • To the best of my knowledge and belief, I am not under inve	
By signing below, I attest that: • To the best of my knowledge and belief, I am not under inve	
To the best of my knowledge and belief, I am not under inve	
 I fully understand that relinquishing the license means I will the profession for which the license was issued; 	no longer be authorized to practice in New Hampshire in
The information provided is true, complete, and not mislead	ng to the best of my knowledge and belief;
 I understand that providing false or misleading information c suspend or revoke my license; and 	onstitutes grounds to deny the requested refund and to
 I understand that knowingly providing false material informarelative to falsification in official matters. 	ion constitutes a misdemeanor under RSA 641:3
Signature:	Date Signed:
Printed name:	