

West Virginia Board of Medicine

Application form to Obtain a Certificate of Authorization for an Expired
Medical Corporation in the State of West Virginia.

Today's Date: _____ Previous Corp. # _____

Name of Corporation: _____

Office Location: _____

(City) (State) (Zip Code) (County)

Mailing Address _____

(City) (State) (Zip Code) (County)

Telephone Number: () _____ Fax Number: () _____

FEIN _____ Email: _____@_____

List All Shareholders (All must be MDs, DPMs or DOs with valid WV license)

Name: _____ Name: _____

Address: _____ Address: _____

WV License #: _____ WV License #: _____

Signature: _____ Signature: _____

(If needed, additional shareholders may be listed on the reverse of this form)

*On behalf of the above-named Medical Corporation, I certify that this application is true
and complete.*

Date: _____
President's Signature (must be MD, DPM or DO)

BOARD USE ONLY

Name: _____
WV Lic: # _____
Signature: _____

Check Current Status in Corporation:
Active Terminated
End Date: _____

Name: _____
WV Lic: # _____
Signature: _____

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Active Terminated
End Date: _____

Name: _____
WV Lic # _____
Signature: _____

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