

**Renewal of License**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Postal Code\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_**

**Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Web address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expires \_\_\_\_\_\_\_\_\_\_**

**Check all that apply:**

**\_\_\_\_\_ I intend to practice as a Spiritual Health Coach**

**\_\_\_\_\_ I require all my clients to sign my informed consent form**

**\_\_\_\_\_ I enclose a copy of the new healing techniques I use in my business**

**\_\_\_\_\_ I enclose a list of my new licenses and certifications related to healing**

**(since last license)**

**PAYMENT (Select which apply)**

**\_\_\_\_\_ I enclose my $50 check or money order for a 2 year license OR**

**\_\_\_\_\_ I affirm I paid $55 on line by credit card for a 2 year license**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

Email to: [admin@fshlb.com](mailto:admin@fshlb.com) Fax to 888-728-0011 or mail to:

FSHLB - SHC

PO Box 163

Ridgecrest, NC 28770