



Board of Registered Nursing
1747 North Market Blvd., Suite 150, Sacramento, CA 95834
P (916) 322-3350 | www.rn.ca.gov

REQUEST FOR TOLLED PROBATION

PERSONAL INFORMATION
Name: \_\_\_\_\_ RN License Number: \_\_\_\_\_
Current Address: \_\_\_\_\_
(Include street, city, zip code) Telephone Number: \_\_\_\_\_

OUT OF STATE ADDRESS
Unit No [ ]
Telephone Number: \_\_\_\_\_
(Include street, city, zip code)
DATE YOU ARE LEAVING/LEFT CALIFORNIA: \_\_\_\_\_
PROOF OF RESIDENCE DUE TO BOARD TWO WEEKS FROM ABOVE DATE (signed lease/rental agreement, utility deposit receipt, employment verification, other means of proof as approved by probation monitor)

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FORGOING INFORMATION, ENCLOSED STATEMENTS, AND DOCUMENTS ARE TRUE AND CORRECT.
Your Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

FOR OFFICE USE ONLY
Item of Proof \_\_\_\_\_ Date Rec'd \_\_\_\_\_