



**BOARD OF REGISTERED NURSING**

PO BOX 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | TTY (800) 326-2297 | www.rn.ca.gov



**REQUEST FOR TOLLED PROBATION**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

RN License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(Include street, city, zip code)

**OUT OF STATE ADDRESS**

\_\_\_\_\_

Unit No

(Include street, city, zip code)

Telephone Number: \_\_\_\_\_

**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***