

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
7 Eagle Square
Concord, N.H. 03301-4980
Telephone 603-271-2152

UNIVERSAL PETITION FOR REHEARING

If a denial of licensure:

Applicant name as shown on the application: _____

Profession in which licensure sought: _____

Date application denied: _____

If a disciplinary or non-disciplinary remedial proceeding:

Respondent name and license number as they appear on issued decision: _____

Docket number: _____

Request is to:

Reverse the decision

Modify the decision

Specific modification(s) requested: _____

Specific facts relied on: _____

Specific law relied on: _____

Arguments in support, including how will substantial justice be done by granting the requested relief? _____

Signature and Attestation

By signing below, I attest that:

- I have read this petition for rehearing;
- I am authorized to sign this petition for rehearing;
- To the best of my knowledge, information, and belief, there are good grounds to support the petition for rehearing; and
- This petition for rehearing has not been filed solely or primarily for purposes of delay or harassment in any pending or contemplated administrative, civil, or criminal proceeding.

Signature*: _____ Date Signed: _____

* Petitioner or authorized representative