



**ARIZONA STATE BOARD OF PHARMACY**  
**P. O. Box 18520 Phoenix, AZ 85005**  
**p ) 602-771-2727 f ) 602-771-2749**  
**www.azpharmacy.gov**

**FOR AGENCY USE ONLY**

Fee :	Check No. :	Check Date :	Date Sent :
-------	-------------	--------------	-------------

**REQUEST FOR NAME / ADDRESS LIST**

The undersigned (individual or corporation) requests from the Arizona State Board of Pharmacy, licensee/permittee names and addresses to be used by the undersigned for the purpose stated below.

Upon receipt of the certified statement and payment in full of the fees charged by the Board of Pharmacy for the names and addresses requested, the Board will prepare and deliver the list. The fee is based on the cost of time, equipment and personnel used in producing the names and addresses and the commercial value of the information.

**BRIEFLY DESCRIBE THE INTENDED USE FOR THE DATA REQUESTED ( 1500 character limit )**

**DATA REQUESTED**

- |                                                   |                                                    |                                                  |
|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> AZ PHARMACISTS ( \$200 ) | <input type="checkbox"/> ALL PHARMACISTS ( \$250 ) | <input type="checkbox"/> TECHNICIANS ( \$200 )   |
| <input type="checkbox"/> INTERNS ( \$100 )        | <input type="checkbox"/> PHARMACIES ( \$50 )       | <input type="checkbox"/> DRUG RETAILERS ( \$50 ) |
|                                                   | <input type="checkbox"/> OTHER FACILITIES ( \$35 ) |                                                  |

**CONTACT INFORMATION**

( Name )			
( Street Address )	( City )	( State )	( Zip Code )
( E-mail Address )		( Phone Number )	

I hereby certify that the foregoing description of the commercial purpose for the data indicated above is a true and accurate description; and is the only purpose intended for this information.

_____	_____
( Signature )	( Date )

An individual who knowingly falsifies the above certification is guilty of a Class 6 felony ( A.R.S. § 39-161 )