



# Arizona State Board of Pharmacy

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## FOR AGENCY USE ONLY

License/Permit No.		Fee		Check #		Receipt #	
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### Verification Request Form

The Arizona State Board of Pharmacy charges \$15.00 for a written verification of licensure. If you require written verification of your license or permit, please complete this form and submit it to the above mailing address with a check or money order for the appropriate amount. The fee is \$15.00 *per verification*. If the state for which you are verifying licensure wishes to have a specific form completed, please attach the form to this request.

Name (as it appears on your license/permit): \_\_\_\_\_

License/Permit No.: \_\_\_\_\_

Number of Verifications Requested: \_\_\_\_\_

Address(es) where the verification(s) should be mailed:

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date