

Douglas A. Ducey
Governor



Martin W. Kollasch, D.C.
Executive Director

State of Arizona Board of Chiropractic Examiners

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Request for Verification of Licensure

Please complete and submit this form to request a license verification or letter of good standing. Please enclose a check or money order for \$25.00. If the state or agency requires a specific form to be completed please include it with this request, otherwise the Board's standard verification form will be used. Please allow up to 2 weeks for processing.

Requestor's Contact Information

1. Last Name	2. First Name	3. License #	
4. Mailing Address (number and street or rural route)			
City		State	ZIP code
Telephone number ()	5. E-mail address: (This address will not be a public record)		
6. Indicate where you would like the verification sent:	<input type="checkbox"/> Mail it to me at the above address.		
	<input type="checkbox"/> Mail it to the following agency address.		
	<input type="checkbox"/> Sent it electronically to the following email address.		

Agency Contact Information

7. Contact Name / Department Name	8. Agency Name		
9. Mailing Address (number and street or rural route)			
City		State	ZIP code
Telephone number ()	10. E-mail address:		

Signature

Date

Board Staff Use Only:

Staff Reviewed & Processed:	Notice Sent:	Additional Documents Included:
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