



# State of Arizona Board of Chiropractic Examiners

1951 W. Camelback Road Suite 330 • Phoenix, Arizona 85015  
Voice: (602) 864-5088 FAX (602) 864-5099  
TTY (800) 367-8939 (AZ Relay Service)

## List and Labels Request Form

Additional fees in accordance with A.A.C. R4-7-1301

Name / Attention: \_\_\_\_\_

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

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**Agenda** (Enclosed \$25.00) (1 YEAR SUBSCRIPTION)

**Meeting Minutes** (Enclosed \$70.00) (1 YEAR SUBSCRIPTION)

**Agenda & Meeting Minutes** (Enclosed \$95.00) (1 YEAR SUBSCRIPTION)

**Active Professionals** (Enclosed \$40.00 Each)  List  Labels  
Sorted by:  Alpha  Zip Code  Other \_\_\_\_\_

**Newly Licensed Professionals** (Enclosed \$40.00 Each)  List  Labels  
Sorted by:  Alpha  Zip Code  Other \_\_\_\_\_  
Starting date: \_\_\_\_\_ to: \_\_\_\_\_

**List of Disciplinary Actions** (Enclosed \$2.00) Starting date: \_\_\_\_\_ to: \_\_\_\_\_

**CD of Board Meetings** (Enclosed \$5.00 each)(ONLY available after each meeting) Qty: \_\_\_\_\_

**Arizona Laws & Rules Booklet** (Enclosed \$10.00 for each booklet) Qty: \_\_\_\_\_

Will the documents or lists you have requested be used for a commercial purpose? Yes or No (circle one)

If yes, what is the commercial purpose for which the documents or list will be used? \_\_\_\_\_

Please submit a copy of this form along with your payment.

Please make checks/money orders payable to the  
ARIZONA BOARD OF CHIROPRACTIC EXAMINERS

*Thank you.*

If you have any questions, please contact Lindsey Castro at (602) 864-5088.