



State of Arizona Board of Chiropractic Examiners

5060 North 19th Avenue Suite 416 • Phoenix, Arizona 85015
Phone (602) 864-5088 • FAX (602) 864-5099
www.azchiroboard.us

Request for Verification of Licensure

Please complete this form and return it to the above address with a check or money order for \$25.00. Make your check or money order payable to "Arizona Board of Chiropractic Examiners." Attach any forms that must be completed by the Board. If you do not attach a form, we will use our standard verification form. Please allow 2 weeks for processing.

Arizona License Information:

Name (as it appears in our records): _____

License Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Address to which the verification of licensure should be mailed:

_____ Mail it to me at the above address.

_____ Mail it to the following agency:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____