



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

DUPLICATE WALL LICENSE OR CERTIFICATE REQUEST FORM

✦ Authorization ✦

Name:

Mailing Address:

City:

State:

Zip:

Is this a change in your official mailing address? (Please check one) YES NO

Phone:

Veterinary License Number:

or C.V.T. Certificate Number:

Signature: _____

Date: _____

✦ Fees ✦

Duplicate Veterinarian Wall License	\$25
Duplicate Certified Veterinary Technician Wall Certificate	\$20

Fees are payable by cash, check, certified check or money order only.

Please return your completed request form with payment to:

**Arizona State Veterinary Medical Examining Board
1740 W. Adams St., Suite 4600, Phoenix, Arizona 85007**

(Faxes and emails are not accepted since we are unable to process your request until payment is received.)

Questions? Phone (602) 364-1738