

## ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

## DUPLICATE WALL LICENSE OR CERTIFICATE REQUEST FORM

<b>★</b> AUTHORIZATION <b>★</b>			
Name:	License or Certificate No.:		
Mailing Address:			
City: State: Zip Code: County:			
Phone: Email Address:			
*Has any of the above information changed: Yes No			
Last Name	Address	Phone	Email Address
*If you have had a last name change, you are required to include a copy of the document that legally defines that change.			
Signature:	Date:		

## **★FEES★**

Duplicate Veterinarian Wall License

\$25

Duplicate Certified Veterinary Technician Wall Certificate

\$20

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

Please return your completed request form with payment to:

Arizona State Veterinary Medical Examining Board 9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258

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

Questions? Phone: (602) 364-1738