



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

DUPLICATE PREMISE WALL LICENSE REQUEST FORM

★AUTHORIZATION★

Premise Name: _____

Premise License No.: _____

Name of Authorized Personnel making request: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Phone: _____

Has any of the above information changed: Yes No

Mailing Address

Phone

Signature: _____ Date: _____

★FEES★

Duplicate Premise Wall License \$20

Fees are payable by check, certified check 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