



# 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  
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**