



**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?*    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 Rd., Suite 100, Scottsdale, AZ, 85258**

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

**Questions? Phone (602) 364-1738**