



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

DUPLICATE PREMISE WALL LICENSE REQUEST FORM

✦ Authorization ✦

Premise Name: _____ Premise License Number: _____

Name of Authorized Personnel making request: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Is this a change in the premise's mailing address? YES NO

Phone: _____

Authorized Personnel Signature: _____

Date: _____

✦ Fees ✦

Duplicate Premise Wall License \$20

Fees are payable by cash, check, certified 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