



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? (Please check one) YES NO

Phone:

Authorized Personnel Signature: _____

Date: _____

✦ Fees ✦

Duplicate Premise Wall License \$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
1740 W. Adams St., Suite 4600, Phoenix, Arizona 85007**

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

Questions? Phone (602) 364-1738