ORDER FORM FOR LICENSE VERIFICATIONS

To request a license verification, please complete the following form and enclose a check or money order in the amount of $35.00 made payable to the Professional Licensing Boards and mail to the address listed above. License Verification fees are non-refundable.

Name of licensee or facility: ___________________________________________________________

License #:_______________________ Profession: ________________________________

Mailing Address:______________________________________________________________
(Street or PO Box)
______________________________________________________________
(City) (State) (Zip)

Daytime Phone #: (       ) Fax#: (        ) ___________

Email Address:_______________________________________

By submitting this request, I am requesting that verification of my license be sent to the state/entity/individual listed below:

Name or Agency Name: __________________________________________________________

Mailing Address:______________________________________________________________
(Street or PO Box)
______________________________________________________________
(City) (State) (Zip)

Email Address:_______________________________________

Signature:_________________________________________ Date:____________________

Verification Form June 1, 2017