



STATE OF ARIZONA  
BOARD OF BEHAVIORAL HEALTH EXAMINERS  
1740 WEST ADAMS STREET, SUITE 3600  
PHOENIX, AZ 85007  
PHONE: 602.542.1882 FAX: 602.364.0890  
Board Website: [www.azbbhe.us](http://www.azbbhe.us)  
Email Address: [information@azbbhe.us](mailto:information@azbbhe.us)

DOUGLAS A. DUCEY  
Governor

TOBI ZAVALA  
Executive Director

### LICENSE REQUEST FORM

Please use this form to print and mail with a payment. Use the [Submit Online](#) option to pay via credit card.

#### REQUESTOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please select from the options below:

**License Verification** – \$20.00 fee

Licensee Name: \_\_\_\_\_ License number(s): \_\_\_\_\_

Send verification to: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip Code: \_\_\_\_\_

Are you including a verification form that needs to be completed?  YES  NO

**Duplicate License** – \$25.00 fee

License number(s): \_\_\_\_\_

Send license(s) to: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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