



STATE OF ARIZONA
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DOUGLAS A. DUCEY
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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: _____

Fees under \$40 may be paid by personal check. You may request license verifications and duplicate license copies on the Board's website and pay applicable fees by credit card.