



Written Verification for State Licensing Board

Member's name _____

Member's ID # _____

Member's Phone # _____

License # or State Board Identification number
(to be included on verification letter) _____

State Licensing Agency _____

Full Mailing Address _____

The original letter will be forwarded via U.S. mail and a copy will be forwarded to the member.

Name of Contact Person, if known
(required if requesting to be sent via fax OR email) _____

Fax: _____

Email: _____

Payment Information:

Amount: \$29.00

Credit Card # _____

Expiration Date _____

Card Verification Code (CVC) _____

Name (as it appears on the card) _____

Signature _____

Email (for receipt) _____

Please submit a separate form for each request.