

Affidavit Submission Requirements

When requesting database access, a professional licensing Board, local, state, or federal law enforcement, or AHCCCS Administration investigator who has a user name and password must complete an affidavit verifying authority, purpose, and subject of the data requested. The notarized affidavit must be faxed to 602-771-2748 or mailed to ASBP at 1700 W. Washington Street, Suite 250, Phoenix, AZ 85007 **within two days** of a web query for data.

The affidavit must include all six minimum requirements that include:

1. The state and county in which affidavit is executed.
2. The name of the individual requesting the information as well as the individual's job description and the law enforcement agency represented. The affiant must also state that the affiant is over the age of 19 years.
3. A reference to the primary name and social security number and/or driver's license number of subject being investigated.
4. A statement that the information requested is pursuant to an open complaint or investigation. (Required by Arizona Administrative Code § 36-2604(C)(3), (4), or (5)).
5. A statement that the names, addresses and other identifying information presented in the request relate to the subject being investigated.
6. Signature of affiant and notarization.

Sample Affidavits are available at www.azpharmacy.gov by clicking on **CS-Rx Monitoring Program** in the **Find by Category** of the window.