Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams St., Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(p) 602-771-2727 (f) 602-771-2749 https://pharmacy.az.gov

REQUEST FOR LICENSE / PERMIT ROSTER

The undersigned (individual or corporation) requests from the Arizona State Board of Pharmacy, licensee/permitee information to be used by the undersigned for the purpose stated below.

Upon receipt of the certified statement and payment in full of the fees charged by the Board of Pharmacy for the information requested, the Board will prepare and deliver the list. The fee is based on the cost of time, equipment and personnel used in producing the information, and the commercial value of the information.

Licenses

☐	AZ Pharmacists	$200.00
☐	All Pharmacists	$250.00
☐	Interns	$100.00
☐	Technicians	$200.00

Permits

☐	Pharmacies	$50.00
☐	Other Facilities	$35.00

Briefly describe the intended use for the data requested :

Contact Name : _____

Street Address : _____

City : _____ State : _____ Zip Code : _____

Email : _____ Phone : _____

☐ I hereby certify that the foregoing description of the commercial purpose for the data indicated above is a true and accurate description; and is the only purposeintended for this information.

Signature : _____ Date : _____

BOARD USE ONLY

Fee : _____

Check No. : _____

Check Date : _____

Date Sent : _____

2019.12.24