



ARIZONA BOARD OF ATHLETIC TRAINING
 1740 West Adams Street, Suite 3407
 Phoenix, Arizona 85007
 (602) 589-6337
 FAX: (602) 589-8354

ARIZONA VERIFICATION OF LICENSE

INSTRUCTIONS FOR USE:

1. Complete the applicant portion of the form.
2. Send to the address above for processing or fax to 602-589-8354.

LICENSEE TO COMPLETE THIS SECTION

NAME:	Last	First	MI
Address	Street	City	State
		Zip code	
Social Security Number		License Number	
BOC Number	Date Granted		

Signature _____ Date _____

SEND VERIFICATION TO:

NAME OF ORGANIZATION:				
Address	Street	City	State	Zip code

THE FOLLOWING INFORMATION WILL BE COMPLETED BY THE ARIZONA BOARD OF ATHLETIC TRAINING:

License Number		Date Issued		Expiration	
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Has disciplinary action been taken against licensee? YES NO

Is there any disciplinary action pending? YES NO

Completed by	
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Signature		Title	
Telephone Number	()	Date	