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LICENSE VERIFICATION REQUEST

LICENSEE NAME: _____

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CITY, STATE, ZIP _____

SUBMIT TO: _____

ATTN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

IF THE STATE YOU NEED THE VERIFICATION FOR HAS A FORM TO COMPLETE, PLEASE INCLUDE IT WITH THIS REQUEST SO WE CAN VERIFY YOUR LICENSE ON THEIR FORM.

PLEASE COMPLETE THIS FORM AND SUBMIT TO THE OFFICE AT THE ADDRESS ABOVE ALONG WITH A CHECK OR MONEY ORDER FOR \$ 30.00.

