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### LICENSE VERIFICATION REQUEST

Licensee Name: \_\_\_\_\_

License #'s: \_\_\_\_\_

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.**