

Out-of-State License Verification Form

Licensee Information

Full Name:

Date of Birth:

Current Address:

Phone Number:

Email:

License Information

License Number:

State of Issuance:

License Type/Classification:

Issue Date:

Expiration Date:

Verification Request

Verification To (Agency Name):

Purpose of Verification:

Authorization

I hereby authorize the release of my licensing information to the agency listed above.

Signature:

Date:

Submit