

List Request Form

- ☞ Fee: **\$50.00** per list. *In and out of Nevada are separate lists.*
- ☞ Lists will come in **Excel 2002** format.
- ☞ Lists will be e-mailed to address provided below.

Name of person requesting list: _____

Name of company (if applicable): _____

Address of company: _____

E-mail address: _____

Contact phone number: () _____

License Type of List (check all being requested):

	In	Out	Both		In	Out	Both
Pharmacist:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmaceutical Technician:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Technician Trainee:	<input type="checkbox"/>	only	
Intern RPh:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APN/PA:	<input type="checkbox"/>	only	
MDEG:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controlled Substance:	<input type="checkbox"/>	only	
Wholesaler:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dispensing Practitioner:	<input type="checkbox"/>	only	

Mark all items to be contained in the list:

Licensee Name (Last, First or Business):	<input type="checkbox"/>	Address (all fields):	<input type="checkbox"/>
Phone # (businesses ONLY):	<input type="checkbox"/>	Fax # (businesses ONLY):	<input type="checkbox"/>
License Type:	<input type="checkbox"/>	License Number:	<input type="checkbox"/>
Case Number (if disciplined)	<input type="checkbox"/>	Expiration Date:	<input type="checkbox"/>

*Please allow approximately 10 business days to process your request, except May thru November, allow 4-6 weeks.

Board use only:

Date Received

Check #

Amount

Date e-mailed