## Arizona Regulatory Board of Physician Assistants 1740 W. Adams St. Suite 4000 Phoenix, AZ 85007-2664 PAYMENT CARD AUTHORIZATION DUPLICATE LICENSE FEE: \$25

(Wall Certificate)

Payment for:		License #:
	(Physician Assistant Name)	
Type of Card:	/isa ☐ Mastercard ☐ Am	nex
Card Number:		Expiration Date:
(No dashes	between numbers)	
Name as Shown on Pay	ment Card:	
Billing Address of Cardhol	Mastercard	
(nequired)	City:	State: Zip:
Mailing Address of Cardho	older:	
(If different from billing add	·	State: Zip:
Signature:		<b>Date:</b> 3/28/18
(Required)		
any other mail carrier destroyed.	). Any credit card information received vi	a any other method will not be processed and will be

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Mail to: