



Arizona Regulatory Board of Physician Assistants

9545 East Doubletree Ranch Road · Scottsdale, Arizona 85258-5514
Telephone: 480-551-2700 · Toll Free: 877-255-2212 · Fax: 480-551-2704
Website: www.azpa.gov · Email: questions@azpa.gov

NAME CHANGE FORM

License #: _____

Full Legal Previous Name: _____

Full Legal New Name: _____

Reason for name change: (please attach copy of legal documents.)

Send or fax this form along with your \$25.00 payment to: (if paying by credit card, please include the attached payment card authorization form and copy of legal documents.)

**Arizona Regulatory Board of Physician Assistants
9545 E. Doubletree Ranch Rd.
Scottsdale, Arizona 85258
Fax: (480) 551-2704**

(Signature)

(Date)



Arizona Regulatory Board of Physician Assistants
PAYMENT CARD AUTHORIZATION
PA DUPLICATE LICENSE FEE

Payment for: _____ PA

PA DUPLICATE LICENSE FEE \$25

Type of Card: Visa MasterCard

Card #: □□□□ - □□□□ - □□□□ - □□□□

Expiration Date: □□ - □□ (MM-YY)

Name as Shown on Payment Card: _____

Billing Address of Cardholder:

(Required)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number of Cardholder: _____

(Required)

Mailing Address of Cardholder: (If different from billing address):

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Cardholder: _____ Date: _____

Please complete and return this form *with your written request and copy of legal documents* if paying by credit card.

Fax to: 480-551-2704

Do not mail the originals as you may be charged a second time.

OR

Mail to: Arizona Regulatory Board of Physician Assistants, 9545 E. Doubletree Ranch Road, Scottsdale, AZ 85258