

	TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL 333 Guadalupe St., Ste. 3-900 Austin, Texas 78701 Tel.: (512) 305-7700 www.bhec.texas.gov	<u>For Agency Use Only</u>
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REQUEST FOR WRITTEN VERIFICATION OF LICENSURE

Do not use this form if you are requesting verification be sent directly to another regulatory agency.

Requestor Contact Information:

Name: _____

Mailing Address: _____

Telephone No.: _____ Email: _____

Person(s) for Whom Written Verification of Licensure is Requested:

Name: _____

License No.: _____

Name: _____

License No.: _____

Name: _____

License No.: _____

The fee for written verification of licensure is \$10 per license.

All orders must be accompanied by payment in the correct amount. Orders accompanied by an incorrect payment amount will not be processed, and will be returned to the requestor.

Payment may be made by cash, personal check, cashier's check, or money order. The Council does not accept credit cards. Please make your payment payable to "TBHEC."

Should you have any questions about this form, or need assistance in making your request, please contact the Council's Public Information Officer at the number listed above.