



Arizona State Board of Respiratory Care Examiners  
1740 W. Adams, Suite 3406  
Phoenix, Arizona 85007  
Phone: (602) 542-5995  
E-mail: [licensing@rb.az.gov](mailto:licensing@rb.az.gov)

OFFICE USE ONLY

### PUBLIC INFORMATION REQUEST

1. This document represents the verified statement of \_\_\_\_\_ submitted to the Arizona State Board of Respiratory Board Care Examiners on \_\_\_\_/\_\_\_\_/\_\_\_\_, requesting a copy or other reproduction of certain public records specified below:

2. Complete Address of Requester:

---

---

3. These records will be used for  Commercial  Non-commercial purposes.

4. Certify records for court use?  Yes  No.

5. Specify records requested:

---

---

---

---

6. Signature of requestor: \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Person with disabilities may request reasonable accommodations by contacting the Arizona State Board of Respiratory Board Care Examiners at 602-542-5995 or [licensing@rb.az.gov](mailto:licensing@rb.az.gov) Requests should be made as early as possible to allow time to arrange the accommodation.

## **PUBLIC INFORMATION FEE SCHEDULE**

**Business Checks, Money Orders or Cashiers  
Checks only. To be made out to, "NCIA Board"**

1. **Non-commercial request:**

\_\_\_\_\_ Copies @ \$.25 per page.

\_\_\_\_\_ Total (Non-commercial)

2. **Commercial request:**

\_\_\_\_\_ Copies @ \$.50 per page.

\_\_\_\_\_ Mailing List of Administrators (active) @ \$100.00 per list.

\_\_\_\_\_ Mailing List of Managers (active) @ \$100.00 per list.

\_\_\_\_\_ Mailing List of Manager Applicants @ \$50.00 per list

\_\_\_\_\_ Total (Commercial)

3. **Mailing List Format Request:**

\_\_\_\_\_ Excel (\*.xls)

\_\_\_\_\_ HTML (\*.htm; \*.html)

\_\_\_\_\_ Rich Text Format (\*.rtf)

\_\_\_\_\_ Data Access Page (\*.htm; \*.html)

4. **Processing Request**

\_\_\_\_\_ E-mail

\_\_\_\_\_ CD

\_\_\_\_\_ US Mail