



LETTER OF LICENSE VERIFICATION REQUEST

PLEASE NOTE: ALL INFORMATION MUST BE COMPLETED

Date Submitted: [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

RI Department of Health License Number: \_\_\_\_\_

Current Name on Health License: \_\_\_\_\_

Date of Birth: [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] Social Security Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Home Fax Number: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Please provide the name and address of the person/agency where you want this verification mailed. If the person/agency has a form to be completed please attach it to this completed form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

"Pursuant to Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory, and Administrative Services Provided by the Department of Health [R23-1-17-FEE] effective December 10, 2012, there is a \$50.00 fee for a letter of license verification. Please complete the above section and submit it with a \$50.00 certified bank check or money order, (personal checks will NOT be accepted), made payable to the "Rhode Island General Treasurer" to the following address: Rhode Island Department of Health Data Entry Unit Room 103 3 Capitol Hill Providence, RI 02908 Please allow 4-6 weeks for processing.

Office Use Only
[ ] Fee Paid
Date: \_\_\_\_\_ Initials \_\_\_\_\_