

Full Name

Business Address
City State Zip

## La Paz County Health Department

## Marion Shontz, Director

1112 Joshua Ave., 206 Parker AZ 85344 928-669-1100 Fax 928-669-1100

Middle

## **Environmental Health Services Division**

Last

## Appendix A Licensing Eligibility Form (Required per ARS 41-1090)

Return original of this form with a copy of your identification to the address above

First

licensii new lic	ng eligib cense to	B, Governor Napolitano signed Law 2008, Ch. 15: ility section (ARS 41-1080) preventing any licens an individual unless the individual has provided sted in the law.	sing agency in the state of Arizona from issuing a			
identif	ication t	ible for a license, complete this form, staple a goot the form, and return to the address above. Onlimark an "X" next to the one you are submitting.)	ly provide ONE of the following forms of			
	1.	An Arizona driver license issued after 1996 or a	an Arizona non-operating identification license.			
	2.	A driver license issued by a state that verifies la	awful presence in the U. S.			
		(Licenses from HI, IL, ME, MD, NM, TX, UT, a	and WA are NOT acceptable.)			
	3.	A birth certificate or delayed birth certificate is of the U. S.	sued in any state, territory or possession			
	4.	A U. S. certificate of birth abroad.				
	5.	A U. S. passport.				
	6.	A foreign passport with a U. S. visa.				
	7.	A I-94 form with a photograph.				
	8.	A U. S. citizenship and immigration services en or refugee travel document.	mployment authorization document			
	9.	A U. S. certificate of naturalization.				
	10.	A U. S. certificate of citizenship.				
	11.	A tribal certificate of Indian blood.	al certificate of Indian blood.			
	12.	A tribal or Bureau of Indian Affairs affidavit of	birth.			
	_		ry that the copy of the document I am providing am legally authorized to be present in the United			
		Full signature of licensee	Date			