Roster Order Form

Please complete and submit this form, accompanied by payment in the form of check or money order of $22.00, to the Board office in order to receive a roster. An order form must be submitted for each list requested. Each license type, or subtype, requested constitutes a new list and requires its own order form and payment.

Requester:
Name: _________________________________________________________________
Address: __________________________________________________________________

RPLS or Firm License Number (if applicable): _____________________

Form of Roster:
☐ Excel File; Email Address: ________________________________________________
☐ Hard Copy; Mailing Address: ________________________________________________

License Type:
☐ SIT: ○ Applicant ○ Certified
☐ RPLS: ○ Applicant ○ Licensed ○ Inactive
☐ LSLS: ○ Applicant ○ Licensed ○ Inactive

Information Requested (Please select all pieces of information that need to be included in the requested roster):

**PLEASE NOTE: The information options listed below are the only pieces of information available in a roster. Also, first, middle, and last name come in one field and it is not possible to separate them.

☐ Name  ☐ Address  ☐ County  ☐ Phone Number  ☐ License Number  ☐ 1st Licensed Date

Special Requests (Please include any special requests below and the agency will try to accommodate them):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________