



ARIZONA STATE BOARD OF PHARMACY
CSPMP
Fax 602-771-2748
<https://pharmacympm.az.gov>

LAW ENFORCEMENT DATABASE ACCESS REQUEST FORM

In accordance with A.R.S. § 36-2604, "local, state, and federal law enforcement authorities... may have access to prescription information after making written request to the Board stating that the information is necessary for an open investigation or complaint."

If you are unable to provide electronic copies, fax the following documents to 602-771-2748; ATTN: "AZ PMP AWARxE Registration Documentation". You have 10 business days from the time of registration to provide these documents or your registration will be rejected.

- * Notarized Database Access Form
- * Signed Copy of Privacy Statement
- * Copy of Current Department / Agency ID
- * Copy of Current Drivers License

OFFICER'S INFORMATION

First Name: _____ Last Name: _____
Title: _____ AZPost Cert. No.: _____
Last 4 of SSN: _____ DOB: _____
Email Address: _____

AGENCY'S INFORMATION

Agency Name: _____
Agency Address: _____
City / County: _____ State / Zip Code: _____
Phone Number: _____ Fax Number: _____

CHIEF LAW ENFORCEMENT OFFICER'S INFORMATION

First Name: _____ Last Name: _____
Title: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

Pursuant to A.R.S. § 36-2610, a person who is granted access to information from the program and who knowingly discloses the information in a manner inconsistent with a legitimate professional or regulatory purpose, a legitimate law enforcement purpose, the terms of a court order or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a class 6 felony.

Signature: _____ Date: _____

Subscribed and sworn to before me in the County of _____, State of _____
this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires:
Notary Public Seal