



**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 of 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