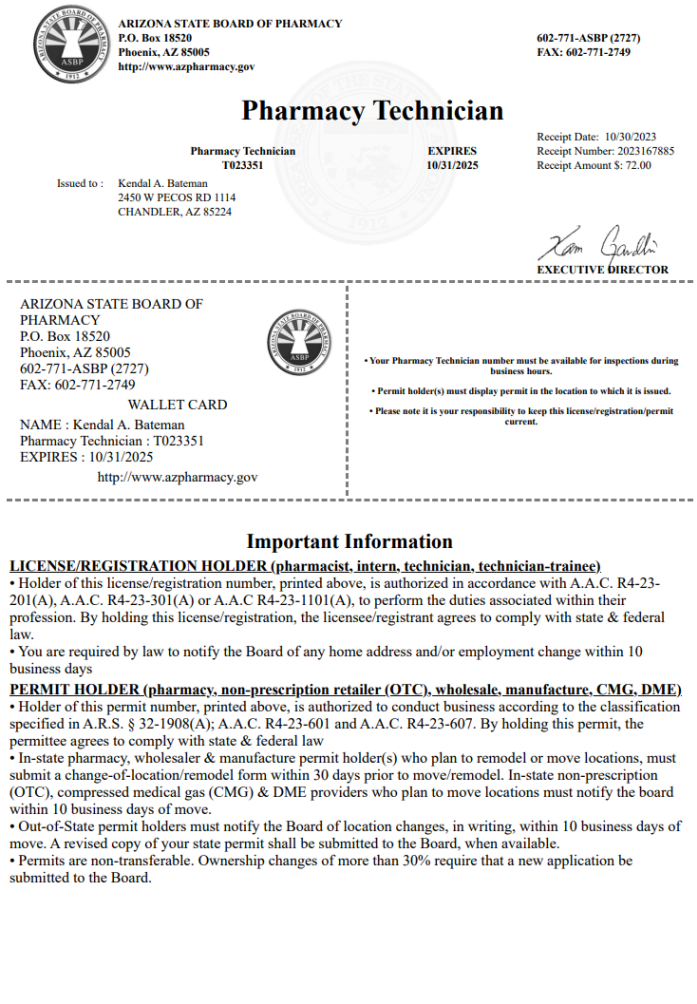
Copy that you need to submit.



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
http://www.azpharmacy.gov

602-771-ASBP (2727)
FAX: 602-771-2749

Pharmacy Technician

Pharmacy Technician	EXPIRES
T023351	10/31/2025

Receipt Date: 10/30/2023
Receipt Number: 2023167885
Receipt Amount $: 72.00

Issued to : Kendal A. Bateman
2450 W PECOS RD 1114
CHANDLER, AZ 85224

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Kendal A. Bateman
Pharmacy Technician : T023351
EXPIRES : 10/31/2025
http://www.azpharmacy.gov

- Your Pharmacy Technician number must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/registration/permit current.

Important Information

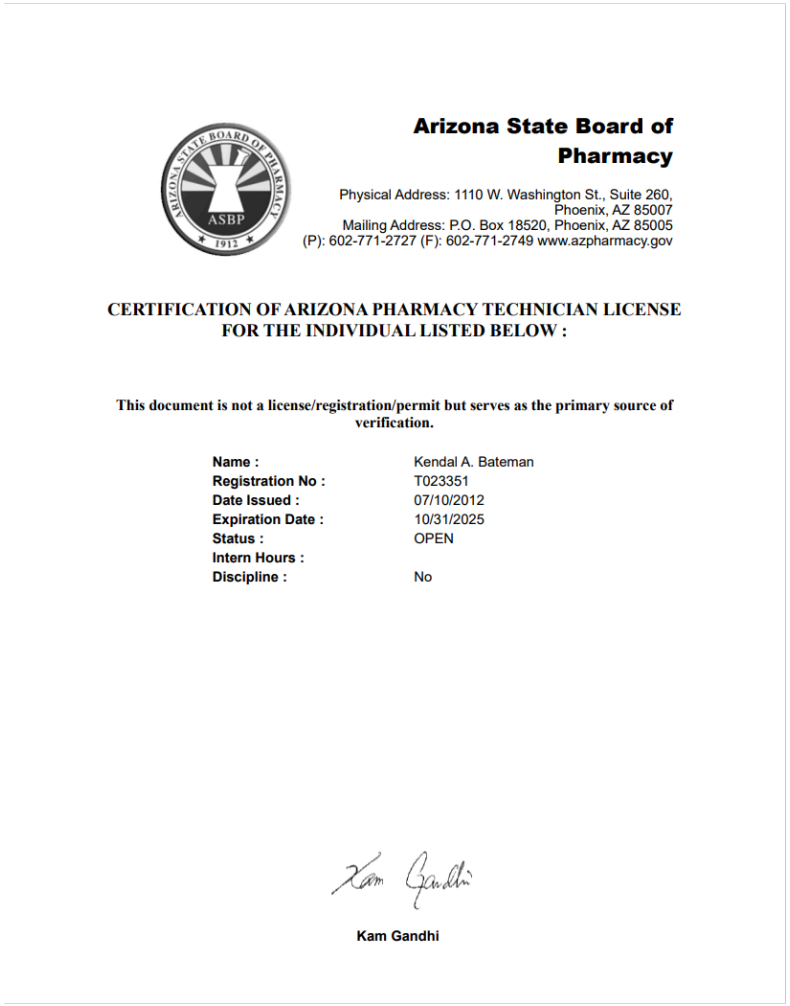
LICENSE/REGISTRATION HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license/registration number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license/registration, the licensee/registrant agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
• Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

This is not your license and will not be accepted.



Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA PHARMACY TECHNICIAN LICENSE FOR THE INDIVIDUAL LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Kendal A. Bateman
Registration No :	T023351
Date Issued :	07/10/2012
Expiration Date :	10/31/2025
Status :	OPEN
Intern Hours :	
Discipline :	No

Kam Gandhi