



NOTICE:

All NDBACE files are subject to the North Dakota Open Records Law

RETURN FORM TO:

North Dakota Board of Addiction Counseling Examiners
505 Kansas City St., Rapid City, SD 57701
Or email an electronic copy to board@ndbace.org

List Request Form

The fee for lists of addiction counselors is \$20. You must include your payment of a check or money order made payable to NDBACE with this form.

Person requesting list _____

Organization or business name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

I request the following:

Purpose of the list (Please mark one):

- Continuing Education Employment Recruiting Research Other –

List order (Please mark one):

- Alphabetical License number Zip code No order Other –

Format – Mailing labels will be sent in Excel format.

- Email – _____

List sent to (Please mark one):

- Email address listed above Address listed above Address listed below

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____