



**NOTICE:**

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

**RETURN FORM TO:**

North Dakota Board of Addiction Counseling Examiners  
402 E MAIN AVE, Ste #5, Bismarck, ND 58501-4091  
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 \_\_\_\_\_