



STATE OF IOWA

GOVERNOR
TERRY E. BRANSTAD
LT. GOVERNOR
KIM REYNOLDS

IOWA DEPARTMENT OF COMMERCE
PROFESSIONAL LICENSING & REGULATION

Certification of License History (Letter of Good Standing) Order Form

NAME: _____

LICENSE NUMBER: _____

SEND TO: _____

Quantity ordered: _____

The fee is \$25.00 per letter of good standing ordered.

_____ Payment enclosed. Check or money order. Payable to: State of Iowa

_____ Please charge my: _____ MasterCard _____ Visa _____ Discover
(These are the only cards accepted)

Credit card number: _____

Expiration date: Month _____ Year _____

Name on card (please print): _____

Signature: _____

FAX: (515) 281-7411