COMMONWEALTH OF VIRGINIA

Department of Professional and Occupational Regulation, P.O. Box 29570, Richmond, VA 23242-0570

Fax Number 877-340-9616.

This form is to be used for **CREDIT CARD PAYMENTS ONLY**. Complete and submit with your **renewal card or application**. For renewals, please include license number. Incomplete forms may be returned for completion and delay license processing.

DPOR's License Number**: ☐☐☐☐☐☐☐☐☐☐
(Leave blank for new applicants.)

Licensee or Applicant's Name _____

Select Card type: ☐ Visa ☐ MasterCard ☐ Discover or ☐ American Express

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Card Expiration Date: _____ / _____
Month Year

Payment Amount: $ _____

Cardholder Name (Print): _____

Cardholder's Address: _____

_____ _____ _____
City State Zip Code

Cardholder's Signature: _____ Date _____

Daytime Phone Number _____

** Do not list Card Holder's License Number if making this payment on someone else's behalf.

This form should not be submitted by e-mail.
E-mail is not secure and your credit card information could be at risk.