



Health Professions Quality Assurance Division
 P.O. Box 1099
 Olympia, WA 98507-1099

A. Contents:

Limited Physicians & Surgeons License Application Packet

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B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your *application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Limited Physician

DEPOSIT SLIP

NAME (Please Print)

DATE

Revenue Section

P.O. Box 1099

Olympia, Washington 98507-1099

Please note amount enclosed, and return with your application.

\$

- Check
 Money Order