



# 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.

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(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.

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