

## List/Labels Request Form

(This form is not required if all information is included in a written request!)

The fee for list/labels of social workers is \$100. Please send check or money order made payable to NDBSWE.

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 - \_\_\_\_\_

**License levels** (Please mark as many as necessary):  LSW     LCSW     LICSW

**List/label order** (Please mark one):

Alphabetical     License number     Zip code     No order     Other - \_\_\_\_\_

**Format** (For disk or email, please indicate Excel, delimited, or fixed format. If not specified, file will be sent in Excel format) (Please mark one):

Mailing Labels     Paper List     3 ½ Floppy disk – \_\_\_\_\_     Email – \_\_\_\_\_

**List/labels sent to** (Please mark one):

Email address listed above     Address listed above     Address listed below

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please send your request with the correct fee to:

NDBSWE

PO Box 914

Bismarck, ND 58502

Please contact the Board office at 701-222-0255 or [ndbswe@aptnd.com](mailto:ndbswe@aptnd.com) if you have any questions.