



Idaho State Board of Pharmacy

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Attested Photograph

Insert in the space below an attested, photograph of yourself, size 3 X 3 (bust only) taken within the year previous to making application. Across photograph, write your name and make acknowledgement before a Notary Public, whose certificate of identification must be partly upon the photograph paper and partly on the application, being careful not to mar the features.

Answer the following:

Name: _____

Date: _____ Age: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other physical means of identification: _____



I hereby certify that the attached photograph is a true likeness of myself taken within the last year and that the description given above is true and correct.

Signature of Applicant

Subscribed and sworn to before me this _____

day of _____, _____
(year)

Notary Public

Commission Expire _____

(SEAL)