



Idaho State Board of Pharmacy

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Certificate of Moral Character - to be signed by two (2) reputable business persons

Printed Name of applicant: _____

This certifies that I am acquainted with the above named applicant and I believe he/she to be of good moral character and temperate habits and I hereby recommend him/her as entirely worthy of receiving the license for which he/she has applied.

Printed Name of Reputable Business Person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Ph#: _____ Email: _____

Signature _____ Date: _____

Printed Name of Reputable Business Person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Ph#: _____ Email: _____

Signature _____ Date: _____