



# State of Ohio

Sanitarian Registration Board

## Credit Card Payment Authorization Form

Credit card payments may be mailed, faxed, emailed into the Board office. You must print legibly.  
**This document will be shredded after your payment is processed.**

<b>Section I: Provide Credit Card Information</b>		
Card Holder Name: (Print First and Last Name)		
Credit Card Holder Mailing Address, including City, State, and Zip Code:		
Phone Number w/ Area Code:	Email Address:	
Credit Card Type: <input type="radio"/> Master Card <input type="radio"/> Visa <input type="radio"/> Discover	Credit Card Number:	
Credit Card Expiration Date	CVV2/CID# (The three digit number on back of card):	Payment Amount (\$0.00):
<b>Section II: Provide Payment Information</b>		
Name of Applicant, if different than card holder name (Print First and Last Name):		
Specify License/Exam Type: <input type="radio"/> SIT <input type="radio"/> RS <input type="radio"/> Reinstatement <input type="radio"/> Training Agency <input type="radio"/> Examination License Number (i.e. RS.000000) if applicable: _____		
Payment for: <input type="radio"/> SIT Application <input type="radio"/> Advancement Application <input type="radio"/> RS Application <input type="radio"/> Reinstatement Application <input type="radio"/> TA Application <input type="radio"/> Renewal <input type="radio"/> Late Renewal Fee <input type="radio"/> TA Renewal <input type="radio"/> Board Administered Exam <input type="radio"/> Online Examination		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return This Document To:**  
 Ohio Sanitarian Registration Board  
 77 South High Street, 16<sup>th</sup> Floor  
 Columbus, OH 43215-6108

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