Online Renewal Guide

Bureau of Licensing for Professions & Occupations

2024



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| Submit Renewal | . 9 |

Registration

1. Visit our website at <u>azdhs.gov</u>.

2. Select "Divisions."

3. Then "Online Provider Services."

| ARIZ | ONA DEPARTMENT O | F HEALTH SERV | | | | | |
|------------------------|---|----------------|---|------------|--------------------------------------|-------------|---|
| HOME | AUDIENCES | TOPICS | DIVISIONS | A-Z INDEX | | ENHANCED BY | Google Q |
| Arizona State Hospi | tal | Licensing | | Planning 8 | Operations | Pre | eparedness |
| Patients & Families | Patients & Families | | License History Search | | Financial Services | | Bureau of Infectious Disease and Services |
| Arizona Community | Arizona Community Protection and Online Complaint Forms | | laint Forms | Human | Resources | | Epidemiology & Disease Control |
| Treatment Center (/ | ACPTC) | Online Provid | ler Services | Informa | Information Technology Services | | Public Health Emergency Preparedness |
| Center for Psychiatr | ic Excellence | Provider & Fa | Provider & Facility Databases | | Procurement | | Office of Rapid Response Disease |
| Volunteer Services | Volunteer Services & Charitable Donations | | Map of Health and Child Care Facilities | | Policy and Intergovernmental Affairs | | Investigation |
| Director's Office | | Child Care Lic | Child Care Licensing | | Vital Records | | Emergency Medical Services & Trauma System |
| About Us | | Bureau of Ra | Bureau of Radiation Control | | Public Information | | State Laboratory Services |
| Agency Org Chart | Agency Org Chart Behavioral Health F | | ealth Facilities Licensing | Commu | nications | | Public Health Statistics |
| Agency Reports | | Long-Term Ca | Long-Term Care Licensing | | Tribal Health | | Smoke-Free Arizona |
| Office of Strategic Ir | nitiatives | Medical Facili | Medical Facilities Licensing | | Border Health | | evention |
| Legislative Services | Legislative Services | | Assisted Living Facilities Licensing | | Health Equity | | Chronic Disease and Health Promotion |
| | | Special Licens | sing | Adminis | trative Counsel & Rules | | Health Systems Development |
| | | Marijuana Lic | ensing | Commu | nity Integration Officer | | Healthy People Healthy Communities IGA |
| | | Professional I | License Revocations | County | County Health Liaison | | Women's & Children's Health |
| | | License Appli | cation Forms | Public F | ealth Reporting & Registries | | Nutrition and Physical Activity |
| | | Emergency W | aivers | | | | Tobacco Free Arizona |

Youth Risk Behavioral Survey (YRBS)

This will direct you to the Online Provider Services homepage.

4. From the menu on the left, click on "Licensing for Professions and Occupations."



Registration Cont'd

5. Select "Speech and Hearing."

| Arizo Health a | na Department of Health Services Search AZDHS |
|---|--|
| | |
| Home | Welcome To The Division Of Licensing Services Online Web Site |
| Assisted Living Facilities Licensing | Welcome: For Long-Term Care Facilities, Assisted Living Facilities, Behavioral Health Facilities and Medical Facilities; |
| Behavioral Health Facilities Licensing | For first-time users, please be aware that the registration process requires an approval by the Department, which will be processed within 24 hours of initial registration during regular business hours Monday – Friday 8:00 AM – 5:00 PM (except bolidays). You will receive a confirmation email |
| Long Term Care Facilities Licensing | In order to use this site to pay your licensure fee or enforcement fees, please select the appropriate bureau on the menu shown on the left. The information you will see is based on what is currently in the public records regarding your license. If you |
| Medical Facilities Licensing | need to make changes, you will need to contact the appropriate bureau. |
| Radiation Control Licensing - | The email address associated with active user(s) of this Portal will receive annual licensing fee payment reminders ONLY and will not replace or be used as the primary licensed facility's email address. Licensees are responsible for notifying the |
| Licensing for Professions and Occupations - | Department if a user needs to be removed and if a facility's primary email address needs to be updated. The following credit cards are accepted: MasterCard, VISA, Discover and AMEX. We also accept electronic checks. All fees received by the Department are non-refundable. |
| Midwife | Please allow at least 7-10 business days for changes to be processed once the documentation is provided. Please remember to print a copy of your application and receipt for your records. |
| Speech And Hearing | |
| Medical Radiologic Technolo Certified Laser Technologist | Division Of Licensing Services Arizona Department of Health Services Copyright © 2014-2024 |

Registration Cont'd

6. Click on "Register."

Register Log in Welcome To The Division Of Licensing Services Online Web Site Home Welcome to the Bureau of Licensing for Professions and Occupations. Assisted Living Facilities Licensing This portal is for the use of speech and hearing licensees for license renewal (except for Temporary licenses). Please read the Online Behavioral Health Renewal Quick Reference Guide before beginning your online renewal application. **Facilities Licensing** First-time users must register before renewing their license. Temporary licenses must renew using a paper application available for Long Term Care download from our website. Facilities Licensing Medical Facilities The information in your license profile is based on what was provided when you last submitted licensing information. If you have had Licensing changes affecting your license, please complete the "Contact and Employer Information Update Application" form and/or "Name Change Application" form and submit it to the Department via email to blpo@azdhs.gov or fax it to 602-364-4769. Radiation Control Licensing -When renewing your license, please have all necessary documentation available and allow for uninterrupted time to enter information. If you spend more than 2 hours per page, your session will time out. Please understand that your license expiration date Licensing for is your responsibility and remains in effect even if this web-based application is unavailable. If this web-based application is **Professions and** Occupations unavailable and your license will expire today or prior to the next ADHS business day, you MUST contact the Bureau of Licensing for Professions and Occupations at (602) 364-2079. Failure to do so will or could result in: Contact Us

· Your license becoming invalid;

- 7. Create a username and password.
- 8. Write this down & keep it in a safe place, as it will be required each time you log in.
- 9. In the *"I am registering as"* box: Select the appropriate role.
- 10. After choosing your role, enter the last 4 digits of your SSN.
- 11. Upon completion, select "Register."

| Ariz | ona Department of Health Se | rvices Search AZDHS | Q |
|---|--|---|-----------------------------|
| Health | and Wellness for All Arizonans | | |
| | | | |
| Home | Before you move forward to register and creat | e your account, you should take the time to develop and write do | own on a piece of paper |
| acilities Licensing | a unique password as you will need to enter th REMINDER: The email address associated w ONLY and will not replace or be used as the p | hat password twice. Ith active user(s) of this Portal will receive annual licensing fee p rimany licensed facility's email address. Licensees are responsib | ayment reminders |
| Behavioral Health Facilities Licensing | Department if a user needs to be removed | and if a facility's primary email address needs to be updated. | ic for notifying the |
| ong Term Care acilities Licensing | User name | | |
| Medical Facilities icensing | Password should be at least 8 characte these allowed special characters !@#\$ ^l | rs long and includes at least one upper case, one low $\%^{\&*}()_{+}$ | er case, one number and one |
| Radiation Control icensing 👻 | Password | Confirm password | |
| icensing for Professions and | Email | Confirm Email | |
| Occupations - | First Name | Last Name | |
| Sontact US | Phone | | |
| | I am registering as | | |
| | Please Select 🗸 | | |
| | | | |

12. You will be automatically approved. Log in with your username and password.

 Subject:
 Your login to Arizona Department of Health Services Licensing web site is now approved

 Your login Example Account is now approved, you can now login to

 https://licensing.azdhs.gov/licensingonline

 Thank You,

 Division of Licensing

 Department of Health Services

- Visit the Online Provider Services homepage at <u>https://licensing.azdhs.gov/LicensingOnline/BSLSAnd</u> <u>H</u>.
- 2. Select "Log in" at the top right corner.

| | Regis | ter Log in |
|---|--|------------|
| | Welcome To The Division Of Licensing Services Online Web Site | 1 |
| Home | Welcome to the Division of Licensing Services Online web Site | |
| Assisted Living Facilities Licensing | Welcome to the Bureau of Licensing for Professions and Occupations. | • |
| Behavioral Health Facilities Licensing | This portal is for the use of speech and hearing licensees for license renewal (except for Temporary licenses). Please read the Online Renewal Quick Reference Guide before beginning your online renewal application. | |
| Long Term Care Facilities Licensing | First-time users must register before renewing their license. Temporary licenses must renew using a paper application available for download from our website. | |
| Medical Facilities Licensing | The information in your license profile is based on what was provided when you last submitted licensing information. If you have had changes affecting your license, please complete the "Contact and Employer Information Update Application" form and/or "Name | |
| Radiation Control Licensing - | Change Application" form and submit it to the Department via email to blpo@azdhs.gov or fax it to 602-364-4769. When renewing your license, please have all necessary documentation available and allow for uninterrupted time to enter | |
| Licensing for | information. If you spend more than 2 hours per page, your session will time out. Please understand that your license expiration date | |
| Professions and | is your responsibility and remains in effect even if this web-based application is unavailable. If this web-based application is | |
| Occupations - | unavailable and your license will expire today or prior to the next ADHS business day, you MUST contact the Bureau of Licensing for | |
| Contact Us | Professions and Occupations at (602) 364-2079. Failure to do so will or could result in: | |
| | Your license becoming invalid; | |

Submit Renewal Cont'd

3. Enter the username and password.

4. Select "Log in" below the password box.

| Arizo Health | ona Department of Health Services and Wellness for All Arizonans | Search AZDHS |
|--|--|--------------|
| Health TEST ONLY Home Assisted Living Facilities Licensing Behavioral Health Facilities Licensing Long Term Care Facilities Licensing Medical Facilities Licensing Radiation Control | and Wellness for All Arizonans Log in User name testsandh Password Log in Register if you don't have an account. | Q |
| Licensing - Licensing for Professions and Occupations - Contact Us | Click here for Help | |

5. Select "Submit Online Renewal."

| Ariz | ona Department of Health Services Search AZDHS |
|--|---|
| EST ONLY | Hello, testsandh ! Update Profile |
| Home | Home Submit Online Renewal Enforcement Order History - |
| Assisted Living Facilities Licensing | Welcome To The Division Of Licensing Services Online Web Site |
| Behavioral Health Facilities Licensing | Welcome to the Bureau of Licensing for Professions and Occupations. |
| Long Term Care Facilities Licensing | This portal is for the use of speech and hearing licensees for license renewal (except for Temporary licenses). Please read the Online Renewal Quick Reference Guide before beginning your online renewal application. |
| Medical Facilities Licensing | First-time users must register before renewing their license. Temporary licenses must renew using a paper application available for download from our website. |
| Radiation Control Licensing - | The information in your license profile is based on what was provided when you last submitted licensing information. If you have had changes affecting your license, please complete the "Contact and Employer Information Update Application" form and/or "Name Change Application" form and submit it to the Department via email to blpo@azdhs.gov or fax it to 602-364-4769. |
| Professions and Occupations + Contact Us | When renewing your license, please have all necessary documentation available and allow for uninterrupted time to enter information. If you spend more than 2 hours per page, your session will time out. Please understand that your license expiration date is your responsibility and remains in effect even if this web-based application is unavailable. If this web-based application is unavailable and your license will expire today or prior to the next ADHS business day, you MUST contact the Bureau of Licensing for Professions and Occupations at (602) 364-2079. Failure to do so will or could result in: |
| | Your license becoming invalid; Delays in reinstating your expired license, during which you are forbidden to provide services; and An enforcement action taken against your license. |
| | Before you renew your license online, please be sure you have the following items at hand: |
| | Complete information regarding all continuing education courses taken during the licensing period. Information pertaining to your employer. A valid credit card. The following credit cards are accepted: MasterCard, VISA, Discover and AMEX. We also accept electronic checks. |

If you have any questions, please contact the Bureau of Licensing for Professions and Occupations at 602-364-2079 or blpo@azdhs.gov.

Please note: The system will not allow you to renew your license more than 90 days before it expires.

Submit Online Renewal

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6. The terms and conditions page will be displayed. Please read the terms and conditions and check the box stating *"I accept the above terms and conditions,"* and click *"Continue."*



- Check current license information on file. You will have the opportunity to change this information on a later page.
- Review the fee that you will pay at the end of the process. NOTE: If you are applying within the 30-day grace period, there will be a \$25.00 late fee added. Choose "Continue" to go to the next page of the renewal portal.

| ST ONLY | | | Hel | lo, testsandh ! Update Pr | offie Log |
|---|--|----------------------------------|---------------|---------------------------|-----------|
| Home | Home Submit Online Renewal | Enforcement Order Histor | y - | | |
| Assisted Living Facilities Licensing | DHS Renewal- Current Information | | | | |
| Behavioral Health | | License Informa | tion | | |
| Facilities Licensing | Name: | | | | |
| Long Term Care | License Number: | | | | |
| Facilities Licensing | Expiration Date: 11/30/2024 | | | | |
| Medical Facilities | New Expiration: This license will be rend | ewed so that it expires on 11/30 | /2026 | | |
| licensing | Fees: \$200 | | | | |
| Radiation Control | Late Fee: \$0 | | | | |
| iconcing - | | Personal Contact Info | ormation | | |
| Licensing + | | City: SCOTTS | DALE | | |
| Licensing + | Street Address: | City. 500115 | ter / The her | | |
| Licensing for Professions and | Street Address: State: AZ | Zip Code: 8525 | 4 | | |
| Licensing for Professions and Docupations + | Street Address: State: AZ Personal Phone Number: | Zip Code: 8525 Email Address: | 4 | | |

9. Update any information that is incorrect in the Bureau's system. If everything is accurate, choose "Continue." If not, update the inaccurate information and click "Continue."

| Ariz Health | ona Department of Health Ser | Vices Search AZD | HS | | |
|---|---|---|--------------------------|-----------------------|---------|
| EST ONLY | | | Hello, testsar | ian i Opdate Profil | e Log |
| Home | Home Submit Online Renewal I | Enforcement Order History - | | | |
| Assisted Living Facilities Licensing | DHS Renewal Information - Contact Informa | tion | | | |
| Behavioral Health | | Personal Contact Information | | | |
| racilities Licensing | Full Name (First Middle Last): | Street Address Line 1: | | | |
| Long Term Care Facilities Licensing | | | | | |
| | City | State: | | ZIP: | |
| Medical Facilities | SCOTTSDALE | Arizona (AZ) | | 85254 - | |
| Radiation Control | E-mail (name@domain.com): | Personal Phone Number (| (nnn) nnn-nnnn: | Personal Fax Num | ber (nn |
| Licensing - | | | | nnn-nnnn:: | |
| Licensing for | | | | | |
| Professions and Occupations - | | Business Contact Information | _ | _ | _ |
| Contact Us | Are You Employed? Yes No Place Of Employment: | Self Employed | | | |
| contact os | race of Employment. | SuccerAddress Line 1. | | | |
| | City | Sheker. | 310- | | |
| | | State: | ZIP: | | |
| | PHOENIX | | 8501 | 6 - | |
| | Business Phone Number (nnn) nnn-nnnn: | Business Fax Numbe | er (nnn) nnn-nnnn: | | |
| | | | | | |
| | | Mailing Address | | | |
| | Would you like to use your Personal Address | s or Business Address as the mailing address? | OUse Personal Address | ⊖Use Busir Address | ness |
| | | | | Previous | ontinu |

10. Enter additional employment information if you happen to have more than one employer.

| STONLY | | | | | Hello, testsandh | I Update Profile Log o |
|---|---------------------------------------|------------------------|-----------------------|----------------|------------------|------------------------|
| Home | Home Submit Online Re | enewal Enfor | cement Order His | tory - | | |
| Assisted Living Facilities Licensing | DHS Renewal Information - Addi | itional Employmen | t | | | |
| Behavioral Health | | | Additional Emp | loyment | | |
| Facilities Licensing | Place Of Employment: | | Street Address: | | | |
| Long Term Care Facilities Licensing | | | | | | |
| | City | | State: | 1 | ZIP: | |
| Medical Facilities | | | Please Select V | | | - |
| - | Business Phone Number (nnn) nnn | -nnn: | Business Fax Number (| nnn) nnn-nnnn: | | |
| Radiation Control Licensing - | | | | | | |
| Licensing for Professions and | Save Additional Employme | ent Clear and | Add New Addition | al Employment | | |
| occupations + | Additional Employment will display | below | | | | |
| Contact Us | if you would like to edit information | click "Edit". To delet | e click "Delete". | | | |
| | Place Of Employment | Address | | City | State | |

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11. Review Personal and Professional Conduct and choose either "Yes" or "No."

NOTE: If "Yes" is chosen, this will not stop you from renewing online. It may delay processing and renewal of your license. Click "Continue."

| Arize Health | ona Department of Health Services Search AZDHS and Wellness for All Arizonans |
|---|---|
| TEST ONLY | Hello, testsandh ! Update Profile Log off |
| Home | Home Submit Online Renewal Enforcement Order History - |
| Assisted Living Facilities Licensing | DHS Renewal Information - Personal and Professional Conduct |
| Behavioral Health | Personal and Professional Conduct |
| Long Term Care Facilities Licensing | Yes No Since your last licensure application, have you been convicted of a felony or misdemeanor for moral turpitude in this or any other state or jurisdiction? Personal And Professional Conduct Question1 is required |
| Medical Facilities Licensing | Yes O No Has your license been suspended or revoked by any state within the past two years? Personal And Professional Conduct Question2 is required |
| Radiation Control Licensing - | Previous Continue |
| Licensing for Professions and Occupations - | |
| Contact Us | |

12. If you have completed the required continuing education credits, check the box attesting that you have done so, and click *"Continue."* If you have not yet completed your CEs, you are ineligible to apply until they are complete.

| Ariz Health | ona Department of Health Services Search AZDHS |
|---|---|
| TEST ONLY | Hello, testsandh i Update Profile Log off |
| Home | Home Submit Online Renewal Enforcement Order History - |
| Assisted Living Facilities Licensing | DHS Renewal Information - Continuing Education |
| Behavioral Health Facilities Licensing | Continuing Education |
| Long Term Care Facilities Licensing | I attest that I have completed the required continuing education credits in compliance with A.R.S. §36-1904, and I can provide documentation of completion of my continuing education credits upon request. |
| Medical Facilities | NOTE: CE Certificates are no longer required to be uploaded. It is the applicant's responsibility to keep CE documentation in case it is requested in the future. |
| Radiation Control Licensing - | Previous Continue |
| Licensing for Professions and Occupations - | |
| Contact Us | |
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13. Confirm the total fees—including late fee, if applicable—and choose "Submit Renewal Fee."

| Arizo Health | ona Department of Health Services Se and Wellness for All Arizonans | arch AZDHS | sandh i lindate Profi | le Log off |
|---|---|---------------------|-----------------------|------------|
| TEST ONLY | | | Sundir Opulie From | ie Log on |
| Home | Home Submit Online Renewal Enforcement Order History | | | |
| Assisted Living Facilities Licensing | DHS Renewal Information - Submit Renewal Fee | | | |
| Facilities Licensing | Renewal Fee | | \$ 200 | |
| Long Term Care | Late Fee | | +\$ 0 | |
| Facilities Licensing | Total Amount | | =\$ 200 | |
| Medical Facilities Licensing | | Previou | Submit Rene | wal Fee |
| Radiation Control Licensing - | | | | |
| Licensing for Professions and Occupations - | | | | |
| Contact Us | | | | |
| | Division Of Licensing Services Arizona Department of Health Services Co | pyright © 2014-2024 | | |

14. Enter your billing information on the checkout page and click *"Continue."*

| PAYMENT I | NFORMATION |
|--|---|
| CHECKOUT - PAYMENT INFORMATION | |
| NOTICE: Before submitting your payment information, please ensure that your address on file with your bank or credit card con | apany is up to date with the address you are entering here. If your address does not match, your payment might be rejected. |
| * First Name | * Last Name |
| * Billing Address | Billing Address 2 |
| * City * State | ✓ Zip |
| * Email | * Phone Number |
| Credit Card Electronic Check Electronic Check Credit Cards issued by a foreign bank please use a secured or prepaid Credit | : or entity are not an acceptable form of payment due to the system's inability to confirm security measures. As an alternative, Card issued by a US entity or bank. |
| Credit Card Number | 8 |
| * Expiration Month | * CVV/CSV |
| (Clear) | Continue |

15. Once the payment is complete, the portal will allow you to print a receipt.

| | | Receipt | | | | | |
|--|---|---|--|----------|--------|---------------|----------|
| | | Thank you for your payment. Your pa | yment was successful. | | | | |
| | | Do not clear this window. Click the "Continue" butter | n to return to the Agency application. | | | | |
| YOUR PAYMENT IS COMPLETE | | | | | | | |
| Payment is complete. Print this receipt for you Your authorization number in \$76483. Preuse reference this number in any corresponden (Construint Receipt) | records. er regording yvor transaction. Get the Adobe Acordost Reader | | | | | | Contract |
| BILLING INFORMATION | | | | | | | |
| Nene Adams Beal Mitig Str. COM Phane Bundler ACCOUNT INFORMATION VIA | | | | | | | |
| 4 | | | | | | | |
| PAYMENT DATE | | | | | | | |
| Date 09.26/2024 09.26 | | | | | | | |
| ORDER INFO | | | | | | | |
| | Restored B. | Res Resultation | | 8-1-11-1 | | Read Research | |
| Order No 2039 | HS0L5004 | Rem Description AUD Lie Ren 12 | Amount \$200.00 | Quantity | | S200.00 | |
| Total | | | | | | \$200.00 | |
| Notes: | ied to my credit card. My credit card statement will show the following r | cerdiant mane(s) and amount(s) for this transaction. | | | | | |
| Merchant | | | | | Amount | | |
| | | AZ DEPT OF HEALTH SVCS | | | | \$200.00 | |
| The total amount to be billed to your | credit card is \$200.00. | | | | | | |
| (Drawinad Record | | | | | | | Continue |

16. From the print preview, you will be able to print and/or save the fee receipt.

Fee status will also be sent by email with the receipt attached as a PDF.

| Ariz Health | ona Departme and Wellness for All | nt of Health Se Arizonans | rvices | | Search | n AZDHS Hello, te | estsandi | h ! Update Profi | ile Log of |
|--|--|---------------------------------------|--|------------------------|------------------|---------------------------|---|--|------------|
| EST ONLY Home | Home Subr | nit Online Renewal | Enforcement Ord | ler Histo | ry - | | | | |
| Assisted Living Facilities Licensing | Payment Receipt | | | | | | | | |
| Behavioral Health Facilities Licensing | Licensure Fee App | Licensure Fee Application | | | | | | | |
| | | | | | | | | | |
| Long Term Care | Get Online Rene | ewal Form in PDF | | | | | | | |
| Long Term Care Facilities Licensing Medical Facilities | Get Online Rene Order Number: 2039 | Authorization Code: 579683 | Partial Card | Card Visa | Type: | Payment Statu | JS: F | Payment Date: | 9/26/2024 |
| Long Term Care Facilities Licensing Medical Facilities Licensing | Get Online Rene Order Number: 2039 Name of License | Authorization Code: 579683 | Partial Card Number: 2221 | Card Visa | Type: | Payment Statu Approved | JS: F g | Payment Date: 9:26:53 AM | 9/26/2024 |
| Long Term Care Facilities Licensing Medical Facilities Licensing Radiation Control Licensing - | Get Online Rene Order Number: 2039 Name of License License Number | Authorization Code: 579683 ee*: | Partial Card Number: 2221 KRISTI ANN PETERSEN | Card Visa e Date | Type: 11/30/2 | Payment Statu Approved | JS: F g New Li Date | ² ayment Date: 9:26:53 AM icense Expire | 9/26/2024 |
| Long Term Care Facilities Licensing Medical Facilities Licensing Radiation Control Licensing ~ Licensing for Professions and | Get Online Rene Order Number: 2039 Name of License License Number Renewal Fee | Authorization Code: 579683 ee*: | Partial Card Number: 2221 KRISTI ANN PETERSEN License Expir | Card Visa e Date | Type: 11/30/2 | Payment Statu Approved | IS: F S New Li Date | Payment Date: 2:26:53 AM icense Expire | 9/26/2024 |
| Long Term Care Facilities Licensing Medical Facilities Licensing Radiation Control Licensing + Licensing for Professions and Occupations + | Get Online Rene Order Number: 2039 Name of License License Number Renewal Fee Late Fee | Authorization Code: 579683 ee*: | Partial Card Number: 2221 KRISTI ANN PETERSEN License Expir | Card Visa e Date | Type: | Payment Statu Approved | JS: F 9 New Li Date \$ +\$ | Payment Date: D:26:53 AM icense Expire 200 0 | 9/26/2024 |