

# WEST VIRGINIA BOARD OF VETERINARY MEDICINE

5509 Big Tyler Road, Suite 3  
Cross Lanes, WV 25313

PHONE (304)776-8032  
FAX (304) 776-8256

WANDA GOODWIN  
EXECUTIVE DIRECTOR

## APPLICATION FOR VETERINARY PROFESSIONAL LIMITED LIABILITY COMPANY (PLLC)

This application must be completed and returned to the West Virginia Board Of Veterinary Medicine with appropriate confirmation of license letter fees. The West Virginia Board Of Veterinary Medicine will then submit to you the appropriate letters of license, which you will then submit to the Secretary Of State with your completed and approved PLLC application.

**FAILURE TO ANSWER ANY QUESTIONS ON THIS FORM OR NOT SUBMITTING APPROPRIATE FEES WILL RESULT IN DELAYS IN PROCESSING UNTIL COMPLIANCE.**

PLLC Name: \_\_\_\_\_

### Type Of PLLC:

Term Company  At-Will Company  Member-Managed Company   
Manager-Managed Company

**Anticipated Starting Date:** *{This may not precede approval date by West Virginia Board of Veterinary Medicine. Therefore, allow ample time for receipt, review and re-submission of completed and approved forms to you from BVM (two weeks after receipt by BVM) in listing anticipated starting date}* \_\_\_\_\_

### Veterinarians Licensed In WV Establishing This PLLC

Name (Print) West Virginia License #


All veterinarians who are members of the PLLC must have a confirmation of licensure letter sent to the Secretary of State from the West Virginia Board Of Veterinary Medicine. The cost for each such letter is \$25.00. A check or checks must accompany this application to the West Virginia Board Of Veterinary Medicine. Please make such check or checks payable to the West Virginia Board Of Veterinary Medicine.

**Proposed PLLC Name:**

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**Designated Office Address:**

**Street**

**City**

**State**

**Zipcode**

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**Principal Office Mailing Address:**

**Street**

**City**

**State**

**Zipcode**

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**Former Name Of The Partnership Or Limited Partnership:**

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**Agent Of Process For PLLC and address of agent:**

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**Signature/Date Of Veterinarians Establishing PLLC:**

**Signature**

**Date**

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Approved By The West Virginia Board Of Veterinary Medicine Only With  
The Seal Of The West Virginia Board Of Veterinary Medicine And Signature Of  
Board Officer Or Executive Director.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**BOARD SEAL**