

WEST VIRGINIA BOARD OF VETERINARY MEDICINE APPLICATION FOR WAIVER OF INITIAL LICENSING FEES

To the Applicant:

This is an application to waive the initial licensing fees for licensure of a veterinarian, registration of a veterinary technician or certification of an animal euthanasia technician in the State of West Virginia. Pursuant to W. Va. Code § 30-1-23 the Board shall waive initial licensing fees for the following classes of individuals:

- (1) Low-income individuals; and
- (2) Military families

"Initial" means obtaining a license in West Virginia for the practice of veterinary medicine, veterinary technology, or animal euthanasia technology for the first time.

"Low-income individual" means an individual in the local labor market, whose household adjusted gross income is below 130 percent of the federal poverty line. This term also includes any person enrolled in a state or federal public assistance program including, but not limited to, the Temporary Assistance for Needy Families Program, Medicaid, or the Supplemental Nutrition Assistance Program.

"Military families" means any person who serves as an active member of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U. S. C. §101, honorably discharged veterans of those forces, and their spouses. This term also includes surviving spouses of deceased service members who have not remarried.

Registered Veterinarian Technician

Certified Animal Euthanasia Technician

| All questions must be answered completely and precisely: Complete this section in its entirety. This application must be submitted along with the license application. APPLICANT | | | | | | | | | |
|---|----------------|------|-----------------|--------|----------|------------|--|--|--|
| Full Legal Name First | Middle Initial | Last | | | Maiden/I | Former | | | |
| Social Security# | Email Address | | | Home | Phone | Cell Phone | | | |
| Home Street Address | City | | State or Provin | ce Zip | Code | County | | | |

Verification of Eligibility- Check the applicable eligibility category and enclose the required documentation.

I currently reside in West Virginia or a portion of the county in which I reside is within 50 miles of the border of West Virginia, and my household adjusted gross income is below 130 percent of the federal poverty line as established by the U.S. Department of Health and Human Services. **As verification of my annual household adjusted gross income, I have enclosed a copy of one of the following:**

- o Federal Tax Return for the preceding year
- o Documentation of enrollment in a public assistance program
- Verification of non-filing a Federal Tax Return
 - Applicant must submit to the IRS the "Request of Tax Return" (4506T) including option 7
 - Enclose a copy of the IRS's response to the 4606T Form.
- I currently serve as an active member, or am an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. As verification of my service, I have enclosed a copy of one of the following;
 - My current Military Orders
 - o NGB-22 Form
 - o DD-214 Form
- o I am the surviving spouse of a service member and I have not remarried. **As verification, I have enclosed a copy of one of the following:**
 - o My decedent spouse's DD-1300 Form
 - o Certified Certificate of Death and an NGB-22 Form
 - o DD-214 Form and my Certificate of Marriage with the decedent service member

| personally completed this licensure wai knowledge. Furthermore, I being of full referred to in the foregoing statement, waiver request form, and that all stater | iver request and the ans age and being duly swo that I have carefully rea | wers are true and rn according to law d the instructions | w, state that I am the perso | n |
|---|---|--|------------------------------|---|
| | | | | |
| Signature of Applicant | | | Date | |

Mail Waiver Request Form and Licensure application to:

West Virginia Board of Veterinary Medicine 5509 Big Tyler Road, Suite 3 Cross Lanes, WV 25313 Phone (304) 776-8032 Fax (304) 776-8256

E-mail: patricia.a.holstein@wv.gov Web: www.wvbvm.org