WV VERIFICATION REQUEST FORM
$25.00 FEE

Please complete this form for licensure or registrant verification request that need to be sent to other jurisdictions.

JURISDICTION FOR VERIFICATION TO BE SENT:

Jurisdiction of ______________________
Street Address: ________________________________________________________
City: ___________________________ State: ________ Zip: ________________

LICENSEE/REGISTRANT INFORMATION:

WV Veterinary License # _____________      WV Veterinary Technician Registration # _____________

Full Name: ________________________________
Street Address: ________________________________
City: ___________________________ State: ________ Zip: ________________

This is an authorization from the named licensee/registrant to release all pertinent information to above jurisdiction.

_____________________________________________   ______________________
Licensee/Registrant Signature           Date