

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY - GAVIN NEWSOM, GOVERNOR DEPARTMENT OF CONSUMER AFFAIRS - VETERINARY MEDICAL BOARD 1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2978 P (916) 515-5220 | Toll-Free (866) 229-0170 | www.vmb.ca.gov



LICENSE VERIFICATION REQUEST

1. LICENSEE INFORMATION					
LAST	FIRST	MIDDLE	LICENSE NUME	LICENSE NUMBER	
ADDRESS OF RECORD		CITY	STATE	ZIP	
BUSINESS NAME (Provide name if the address above is the place of Business)		CA PREMISES NUMBER CA PREMISES TELEPHONE NUMBER		TELEPHONE NUMBER	
EMAIL ADDRESS		LICENSEE TELEPHONE NUMBER			
If your license is Expired, Cancelled o	or Retired, please complete the ADDRESS (CHANGE APPLICATION onlin	ne through your Breeze	account.	
2. OPTIONS FOR LICENSE V	/ERIFICATION				
MAIL TO STATE/JURISD	CTION(S)*:	MAIL TO APP	PLICANT FOR STAT	FE/JURISDICTION(S):	
MAIL TO OUT OF COUNT	E-MAIL FOR OUT OF COUNTRY LOCATION:				
*Provide State/Jurisdiction address(s) where Letter(s) of Good Standing are to b	pe sent (attach additional for	m if needed for additiona	al locations)	
3. PLEASE MARK ALL LICEN	NSE TYPE(S) HELD IN CALIFORNI	IA			
Veterinarian	Registered \ Technician		erinary Veterinary Controlled Substances Permit		
Intern/Resident Veterinarian			ciprocity University Veterinarian		
4. CERTIFICATION	-				
	erjury under the laws of the State d complete. Providing false informat alifornia.				
Signature					
Date					
License Verification Request fo mail or email:	rms must be submitted via postal				
Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834 vmb@dca.ca.gov		Please allow up to 30 business day for processing.			