



ADDRESS CHANGE/REPLACEMENT LICENSE REQUEST

1. ADDRESS CHANGE/REPLACEMENT LICENSE

<input type="checkbox"/> \$25.00 REPLACEMENT WALL AND/OR POCKET LICENSE <i>(Sections 2, 3, 4 and 5)</i> <input type="checkbox"/> \$25.00 ADDRESS FINE FEE, if applicable* <i>(Sections 2, 3, and 5)</i> <input type="checkbox"/> \$25.00 ADDRESS CHANGE AND REPLACEMENT WALL AND/OR POCKET LICENSE <i>(Sections 2, 3, 4 and 5)</i> <input type="checkbox"/> ADDRESS CHANGE ONLY, no fee <i>(Sections 2, 3, and 5)</i>	Office Use Only	
	Receipt Number:	_____
	Date Cashiered:	_____
Please make check or money order payable to the "VMB" ALLOW 14 DAYS FOR PROCESSING	Amount Paid:	_____
Mail request to: Veterinary Medical Board 2005 Evergreen Street, Suite 2250 Sacramento, CA 95815		

**If it has been over 30 days since your address changed, you must enclose a fee of \$25 along with your request.*

2. APPLICANT INFORMATION

LAST	FIRST	MIDDLE	LICENSE NUMBER	
ADDRESS		CITY	STATE	ZIP
TELEPHONE NUMBER <i>(Required - will not be public record)</i>		BUSINESS NAME <i>(If the address above is the place of business)</i>		

Your address of record may be your home, business, or post office box; however the address of record is public and will appear on our website.

3. LICENSE TYPE – for address change only

<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Internship	<input type="checkbox"/> Temporary
<input type="checkbox"/> Registered Veterinarian Technician	<input type="checkbox"/> Candidate	

4. REASON FOR REQUEST – for replacement license only

<input type="checkbox"/> Lost	<input type="checkbox"/> Destroyed/Mutilated*	<input type="checkbox"/> Replacement License*
<input type="checkbox"/> Clerical Error*	<input type="checkbox"/> Name Change*	<input type="checkbox"/> Other _____

**The license or certificate being replaced must be returned with this declaration.*

5. DISCLOSURE SIGNATURE

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature _____	Date _____