



DUPLICATE/REPLACEMENT LICENSE APPLICATION INSTRUCTIONS

Apply Online at www.BreEZe.ca.gov

This application is for:

- Duplicate/Replacement license request for a Veterinarian, Registered Veterinary Technician, Veterinary Premises, Intern/Resident Veterinarian or Temporary Veterinarian

Required Fees

- Replacement License Fee: \$25

Information Privacy Act

Failure to provide any of the requested information will result in the application being deemed incomplete. The information provided will be used to determine qualification for licensure, per Section 4841-4842 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practice Act. The Executive Officer is custodian of records.

Your completed application becomes the property of the Board and will be used by authorized personnel to determine eligibility. Information on the application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code §6250 et seq.) and the Information Practices Act (Div. Code §1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. The name and address included on this application is subject to public disclosure and may be disclosed upon request.

Information you provide on this application is maintained by the Executive Officer of the Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834, (916) 515-5220. The information is requested pursuant to Business and Professions Code sections 4832-4844 and/or Title 16, California Code of Regulations, Division 20, Article 6. You have the right to review the records maintained on you by the Board or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Veterinary Medical Board.

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Apply online or mail the completed application with the appropriate fees payable to the Veterinary Medical Board to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834.



DUPLICATE/REPLACEMENT LICENSE APPLICATION

1. APPLICATION/FEEES *(Select license type to be replaced/duplicated. Total fee for replacement certificates is \$25)*

<input type="checkbox"/> \$25 – DUPLICATE/REPLACEMENT REQUEST <input type="checkbox"/> REPLACEMENT SMALL WALL CERTIFICATE <input type="checkbox"/> REPLACEMENT POCKET CERTIFICATE <input type="checkbox"/> \$25 – ADDRESS FINE FEE	Please make check or money order payable to VMB
Please mail completed application, and fee(s) to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834-2978	

2. APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
EMAIL	LICENSE NUMBER	PHONE NUMBER

THE ADDRESS CHANGE APPLICATION IS REQUIRED TO BE COMPLETED FIRST
**If you did not file an Address Change Application within 30 days of changing your address, you are subject to a \$25 fine.*

3. LICENSE TYPE

<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Registered Veterinarian Technician	<input type="checkbox"/> Intern/Resident Veterinarian
<input type="checkbox"/> Temporary Veterinarian	<input type="checkbox"/> Veterinary Premises	

4. REASON FOR REQUEST

<input type="checkbox"/> Lost	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Additional Copy (Multiple Locations)
<input type="checkbox"/> Stolen	<input type="checkbox"/> Other	If other, please explain: _____

5. CERTIFICATION

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application is true, correct, and complete. Providing false information or omitting required information is grounds for denial of licensure or revocation of licensure in California.

Signature _____

Date _____

-----*(OFFICE USE ONLY)*-----

ENTITY/FILE #: _____ RECEIPT #: _____ DATE CASHIERED : _____ AMOUNT PAID: \$ _____