

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 NUMBER	
ADDRESS OF RECORD		СІТҮ	STATE	ZIP
BUSINESS NAME (Provide name if the address above is the place of Business)		CA PREMISES NUMBER	CA PREMISES TELEPHONE NUMBER	
EMAIL ADDRESS		LICENSEE TELEPHONE NUMBER		

If your license is Expired, Cancelled or Retired, please complete the ADDRESS CHANGE APPLICATION online through your Breeze account.

2. OPTIONS FOR LICENSE VERIFICATION

MAIL TO STATE/JURISDICTION(S)*:	MAIL TO APPLICANT FOR STATE/JURISDICTION(S):
MAIL TO OUT OF COUNTRY LOCATION:	E-MAIL FOR OUT OF COUNTRY LOCATION:
*Provide State/Jurisdiction address(s) where Letter(s) of Good Standing are to be ser	t (attach additional form if needed for additional locations)

3. PLEASE MARK ALL LICENSE TYPE(S) HELD IN CALIFORNIA

Veterinarian	Registered Veterinary Technician	Veterinary Controlled Substances Permit
Intern/Resident Veterinarian	Temporary Reciprocity Veterinarian	University Veterinarian

4. 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_

License Verification Request forms must be submitted via postal mail or email:

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.

460X-64Q (Rev. 11/2019)