STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Veterinary Medical Board
1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

REGISTERED VETERINARY TECHNICIAN INITIAL LICENSE APPLICATION INSTRUCTIONS

Apply Online at www.BreEZe.ca.gov

This application is for:

- Initial licensure as a California Registered Veterinary Technician (RVT)

Required Fees

- Initial License Fee: $140

Additional Information

The Board must receive all required documentation/information prior to issuing a registered veterinary technician license, including, but not limited to:

- United States issued Social Security Number
- Verification of passing the Veterinarian Technician National Examination (VTNE) or equivalent**

Applicants who fail to apply for licensure within two (2) years from notification of eligibility are subject to abandonment of their application and must reapply pursuant to CCR section 2015.5.

The Veterinary Medical Board utilizes a birth month renewal system. The month in which you were born determines your initial license period.

For example, if you applied for your initial license in January and were born in July, your initial license period will expire two (2) birth months from application date, making the initial license period 19 months. Initial licenses will not be issued for less than 13 months and no more than 24 months. Following your initial license period, your license will renew biennially (every two (2) years).

**For AVMA or California-school approved applicants, in order to become licensed in California, the following examinations must be completed within 60 months (the 60-month timeframe begins once a candidate passes one of the following examinations):

- Veterinarian Technician National Examination (VTNE)
- California Veterinary Technician Examination (CVTE)

For applicants licensed out of state, in order to become licensed in California, applicant must provide verification from a state board that the Veterinary Technician National Examination (VTNE) or a written practical state board exam has been passed (written law & jurisprudence exam is not acceptable) in the state from which applicant is applying, or verification from a state board that passing the VTNE was required for registration/certification.

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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Expedited Application for Spouses or Domestic Partners of Active Duty Military Personnel
If you meet the military spouse of domestic partner requirements, please scan and attach the following documentation to the application (you may be asked to submit original documentation: (1) Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders; (2) Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.

Expedited Application for Honorably Discharged Members of the U.S. Armed Forces
If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation to this application: DD214 or other supporting documentation.

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

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REGISTERED VETERINARY TECHNICIAN INITIAL LICENSE APPLICATION

1. APPLICATION/FEES

☐ $140.00 – Initial License Application Fee	Please mail completed application, supporting documents and fee(s) to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834-2978
Please make check or money order payable to **VMB**	

2. APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME		
ADDRESS OF RECORD	CITY		STATE	ZIP CODE
BUSINESS NAME (If applicable)				
COUNTY	COUNTRY	PHONE NUMBER		
EMAIL	SSN/ITIN**			

**Disclosure of a U.S. Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory and must be provided prior to licensure. Section 30 of the Business and Profession Code and Public Law 94-455 [42 USC 405(c)(2)(C)] authorize collection of the SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or support order in accordance with Section 17520 of the Family Code.

3. EXPEDITED APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF ACTIVE DUTY MEMBERS OF THE U.S. ARMED FORCES

ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF AN ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES?*	YES ☐ NO ☐

*If you meet the military spouse or domestic partner requirements, please attach the following documentation to this application: (1) Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders **and** (2) Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.

4. EXPEDITED APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES

ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?*	YES ☐ NO ☐

*If you meet the U.S. Armed Forces expedite requirement, please attach the following documentation to this application: DD214 or other supporting documentation.

5. SERVICE IN THE U.S. ARMED FORCES

HAVE YOU SERVED, OR ARE YOU CURRENTLY SERVING, IN THE U.S. ARMED FORCES?	YES ☐ NO ☐

6. CERTIFICATION

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure examination 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: $ _____