



LETTER OF GOOD STANDING REQUEST

1. LETTER OF GOOD STANDING FEE

<input type="checkbox"/> \$25.00 LETTER OF GOOD STANDING FEE (Separate fee is required for each <u>location</u> a letter is sent) _____ x\$25.00 = \$ _____ (# of locations) (total fee due)	Please make check or money order payable to VMB
	Mail request to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834
ALLOW UP TO 30 DAYS FOR PROCESSING	

2. OPTIONS FOR LICENSE VERIFICATION

<input type="checkbox"/> MAIL TO STATE/JURISDICTION(S)*:	<input type="checkbox"/> MAIL TO APPLICANT FOR STATE/JURISDICTION(S):
<input type="checkbox"/> MAIL TO OUT OF COUNTRY LOCATION:	<input type="checkbox"/> E-MAIL FOR OUT OF COUNTRY LOCATION:

**Provide State/Jurisdiction address(s) where Letter(s) of Good Standing are to be sent (attach additional form if needed for additional locations)*

3. LICENSEE INFORMATION

LAST	FIRST	MIDDLE	LICENSE NUMBER	
ADDRESS OF RECORD		CITY	STATE	ZIP
BUSINESS NAME <i>(Provide name if the address above is the place of Business)</i>		CA PREMISES NUMBER	TELEPHONE NUMBER	
EMAIL ADDRESS				

If your license is Expired, Cancelled or Retired, please complete and attach an ADDRESS CHANGE APPLICATION

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

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

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: \$ _____