



## Veterinary Premises Permit Replacement / Name Change / Address Change Application APPLICATION INSTRUCTIONS

Apply Online at [www.BreEZe.ca.gov](http://www.BreEZe.ca.gov)

### This Application is for:

- Replacement permit request for a Premises Permit.
- Name change request for a Veterinary Premises.
- Address change request for a Veterinary Premises.

### Required Fees

- Replacement Permit Fee: \$25

### Additional Information

Managing Licensees/Premises may not possess both the original and replacement permit.

### 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.

### Expedited Application for Spouses or Domestic Partners of Active Duty Military Personnel

An applicant for expedited application processing must meet the following requirements: (1) provide evidence that the applicant is married to, or in a 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 California under official active duty orders; and (2) hold a current license in another state, district, or territory of the United States in veterinary medicine.

**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**



## REPLACEMENT / NAME CHANGE / ADDRESS CHANGE APPLICATION

### 1. APPLICATION/FEEES

<input type="checkbox"/> \$25.00 REPLACEMENT PREMISES PERMIT WALL CERTIFICATE <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> ADDRESS CHANGE	Please make check or money order payable to VMB
	Please mail completed application and fee to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834-2978

### 2. FACILITY INFORMATION

ORGANIZATION NAME:		PREMISES NUMBER
TELEPHONE NUMBER	FAX NUMBER	
LOCATION/PHYSICAL ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS* (ADDRESS OF RECORD, will be seen by the public on website)		
CITY	STATE	ZIP

Note: Pursuant to Business and Professions Code § 4852 and California Code of Regulations § 2004, each person holding a license, registration or permit issued by the board shall notify the board of his or her new mailing address within 30 days after any such change.

### 3. REASON FOR REQUEST

<input type="checkbox"/> Lost	<input type="checkbox"/> Destroyed
<input type="checkbox"/> Stolen	<input type="checkbox"/> Other      If other, please explain: _____

### 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 \_\_\_\_\_

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

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

## **INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

The information you provide on this application is maintained by the Executive Officer of the Veterinary Medical Board, Department of Consumer Affairs, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834, (916) 515-5220. The information is requested pursuant to Business and Professions Code sections 4853 and 4853.1 and California Code of Regulations, Title 16, Sections 2030, 2030.1, and 2030.2.

It is mandatory that you provide all information requested. Omission of any item of required information will result in the application being rejected as incomplete.

Disclosure of your Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455[42 USCA §405(c)(2)(C)] authorize collection of your Social Security number or ITIN. Your Social Security number or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which uses a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Your completed application becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license, registration or permit. Information on your 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. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

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 at the above address.

The name and address you have included on this application is subject to public disclosure and may be disclosed upon request, however if the residential address is different than the practice address, that address may remain confidential.

**Incomplete applications will be returned. Please ensure that all information is complete and accurate. Please make check/money order payable to the Veterinary Medical Board and mail completed application to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834.**

Please visit the Board's website at [www.vmb.ca.gov](http://www.vmb.ca.gov) for further information on the Board.