



## VETERINARY ASSISTANT CONTROLLED SUBSTANCES PERMIT RENEWAL APPLICATION INSTRUCTIONS

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

### This Application is for:

- Permit renewal as a Veterinary Assistant authorized to obtain and administer controlled substances

### Required Fees:

- License Renewal Fee: \$50
- Delinquent Fee: \$25\* (**Required if renewing 30 days past expiration date of License**)
- Failure to Report Address Change: \$25\*\* (**Required if not notified within 30 days of Address Change**)

Application review may take up to four (4) weeks.

### Additional Information:

The Board must receive all required fees prior to renewing any Veterinary Assistant Controlled Substances Permit.

\*You are required to pay a delinquent fee if your license is expired more than 30 days after the expiration date in accordance with BPC Section 4901.

\*\*You are required to notify the Board of an address change within 30 days of the change in address in accordance with BPC Section 4836.4.

You are required to pay a Failure to Report Address Change fee if your renewal was returned to the Board.

### 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.

### Change of Mailing/Work Location Address

You are required to notify the Board of a change to your mailing or employer address within 30 days of the change in accordance with BPC Section 4836.4. The name and address included on this application are subject to public disclosure and may be disclosed upon request. Please notify the Board immediately of any address and/or name change. You may update your name and/or address by using the Veterinary Assistant Controlled Substances Permit Name Change form and/or the Veterinary Assistant Controlled Substances Permit Address Change form.

**Apply online or mail completed application, supporting documents and fee(s) to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834-2978.**



## VETERINARY ASSISTANT CONTROLLED SUBSTANCES PERMIT RENEWAL APPLICATION

**1. RENEWAL FEE** *(Select one or more that apply.)*

<input type="checkbox"/> \$50.00 VETERINARY ASSISTANT CONTROLLED SUBSTANCES PERMIT HOLDER  <input type="checkbox"/> \$25.00 DELINQUENT  <input type="checkbox"/> \$25.00 ADDRESS FINE FEE*	Please make check or money order payable to <b>VMB</b>  Please mail completed application and fee(s) to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834-2978
<i>*If you did not file an Address Change Application with the Board within 30 days of changing your address, you are subject to a \$25 fine.</i>	

**2. APPLICANT INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	PERMIT 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

*Your address of record may be your home, business, or post office box; however, the address of record is public and will appear on our website.*

**3. CONVICTION INFORMATION**

Since you last renewed your license, have you been convicted or pled nolo contendere to a felony or misdemeanor, other than a minor traffic violation, or had any disciplinary action taken against you by any licensing/regulatory agency in this or any other state?	YES <input type="checkbox"/> NO <input type="checkbox"/>
* This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code section 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.	

**4. SERVICE IN THE U.S. ARMED FORCES**

HAVE YOU SERVED, OR ARE YOU CURRENTLY SERVING, IN THE U.S. ARMED FORCES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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**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: \$ \_\_\_\_\_