

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

| Name (last, first, middle, maiden) | | | Date of birth (m | onth, day, year) | Social Security number * |
|--|----------------|------------|------------------|------------------|------------------------------------|
| Address (number and street or rural route) | | | | | |
| City | | State | | | ZIP Code |
| E-mail address | | | | | |
| Type of license held | License number | | | Date of issuance | (month, day, year) |
| I hereby authorize the State of | to furr | ish the Ir | idiana Board of | Veterinary Mec | licine with the information below. |
| Signature of applicant | | | | Date | e signed <i>(month, day, year)</i> |

DO NOT WRITE BELOW THIS LINE

| License number | Date of issuance (month, day, year) | Date of expiration (month, day, year) | | | | | |
|--|-------------------------------------|---|--|--|--|--|--|
| Licensed by: | Type of examination | Date of administration (month, day, year) | | | | | |
| Attach subjects, scores, date of examination, and average. | | | | | | | |
| License is current and in good standing? | License is or has been invalid? | Any derogatory information? | | | | | |
| If license has been encumbered in any way, please provide certified copies of all related documents. | | | | | | | |

| FORM COMPLETED BY | | | | | | |
|-------------------|------------------|-------|-------------------------|--|--|--|
| Signature | | | Date (month, day, year) | | | |
| | | | | | | |
| Printed name | | Title | | | | |
| | | | | | | |
| State Board | Telephone number | | E-mail address | | | |
| | () | | | | | |

Please affix board seal below.