

\* 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.