



FOR OFFICE USE ONLY

PCA: 27103

OBJ: 4924 = \$25

MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS

Telephone: 410.841.5862

www.mda.maryland.gov

REQUEST FOR LICENSURE VERIFICATION

You are a (check one of the following): Veterinarian _____ Veterinary technician _____

Requestor's Name: _____

Requestor's Address: _____

Requestor's Phone number: _____

License number (if a veterinarian): _____ Registration number (if a technician): _____

Name of board/organization to which verification shall be sent:

Address of board/organization to which verification shall be sent:

If the board/organization to which the verification shall be sent has a specific form to be completed by the Maryland State Board of Veterinary Medical Examiners, attach that form to this request.

A check or money order in the amount of \$25.00 shall be made payable to Maryland Department of Agriculture. This fee is non-refundable. Include your name or license number in the memo section of a check.

Mail this form and your payment to: Maryland Department of Agriculture
P.O. Box 17304
Baltimore, MD 21297-1304