



BANK USE: 12 13 27103 4920

MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS

Telephone: 410.841.5862

www.mda.maryland.gov

REQUEST FOR VETERINARY TECHNICIAN REGISTRATION APPLICATION

(This form is only to be used by individuals who have never registered with the MD State Board of Veterinary Medical Examiners to become a Registered Veterinary Technician.)

Name: _____
Last First Middle (Maiden Name, if applicable)

Address: _____

Phone number: _____

E-mail address: _____
(Note: An application for registration will be sent to the above e-mail address.)

Last 5 digits of technician's Social Security Number: _____

A check or money order in the amount of \$85.00 shall be made payable to Maryland Department of Agriculture. This fee is non-refundable. Include your name 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