



**BANK USE: 12 14 27103 4923**

**MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

Telephone: 410.841.5862

www.mda.maryland.gov

**REQUEST FOR VETERINARY TECHNICIAN PERSONAL HISTORY FORM  
UPDATE TO REINSTATE REGISTRATION**

Name: \_\_\_\_\_  
Last First Middle (Maiden Name, if applicable)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_  
(Note: A veterinary technician reinstatement application will be sent to the above e-mail address.)

Maryland Veterinary Technician Number: \_\_\_\_\_

**A check or money order in the amount of \$75.00 shall be made payable to Maryland Department of Agriculture. 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