



Office of Marketing Animal Industries and Consumer Services

Larry Hogan, Governor
Boyd Rutherford, Lt. Governor
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MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS

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REQUEST FOR A CHANGE OF ADDRESS ON RECORD

Name:					
Check one:	Veterinarian Registered Veterinary Technicia		Licens	se No	
			Regist	tration No	
		Change to residential address only Change to business/practice address only Change to both residential and business addresses			
Current resider		ress on record with the SBVMI			
New residentia	al addres	s to be on record with the SBV	ME:		
Effective date	of new r	esidential address:			
New residentia	ıl phone	number to be on record with th	ne SBVME:		
Current busine	ss addre	ss on record with the SBVME:			
New business	name an	d address to be on record with t	the SBVME:		
Effective date	of new b	usiness name and address:			
New business j	phone nu	imber to be on record with the	SBVME:		
Signat	ture:			Date:	
Mail this forn	ı to:	State Board of Veterinary Me 50 Harry S Truman Parkway, Annapolis, MD 21401			
Or fax this fo	rm to:	State Board of Veterinary Me Attention: Office Secretary 410.841.5780	edical Examiners		