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: _____

Requestor's Email Address: _____

License Number (if a Veterinarian): _____ Registration Number (if a technician):_____

Name of Board/Organization to which verification shall be sent:

_____

E-mail 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 the check.

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

Note: Letters of Verification can take up to 30 days from the date they are