



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 received by our office to process. Letters are processed in the order in which they are received. Please submit your request as soon as possible.