

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258  
PHONE: (602) 542-8166 FAX: (602) 364-1039  
EMAIL: KODI.CALAIS@VETBOARD.AZ.GOV

**REQUEST FOR VERIFICATION OF VETERINARY TECHNICIAN CERTIFICATION**

**C.V.T. AUTHORIZATION:**

Name: \_\_\_\_\_ Certificate No: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Has any of the above information changed:**            Yes            No

Check all that apply:

Last Name                      Address                      Phone                      Email Address

**\*If you have had a last name change, you are required to include a copy of the document that legally defines that change.**

C.V.T. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



I authorize the Arizona State Veterinary Medical Examining Board to release information regarding the status, i.e., active, lapsed, probationary, etc., the original issue date and expiration date, and any disciplinary action that has been taken against my Arizona Veterinary Technician Certificate to the party listed below.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

(Complete if other than USA)

**Please note:** A fee is not required for this service. You may submit this form to our office by email, fax or regular mail.