

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, AZ 85007
PHONE: (602) 542-8166
EMAIL: LICENSING@VETBOARD.AZ.GOV

REQUEST FOR VERIFICATION OF VETERINARY TECHNICIAN CERTIFICATION

APPLICANT AUTHORIZATION:

NAME: _____ CERTIFICATE NO: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTRY: _____
(Complete if other than USA)
PHONE: _____ EMAIL: _____

Please check the box if your mailing address has changed.

APPLICANT 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: _____
(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.