

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

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.