

MONTANA BOARD OF VETERINARY MEDICINE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Licensing Phone: 406-444-5711
Email: UnitB@mt.gov Website: www.vet.mt.gov

REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold or ever have held a license. Complete the form and mail it to any state board in which you are requesting official license verification be sent to the Montana Board of Veterinary Medicine. You may make as many copies of this form as you wish. Be advised that some boards require a fee for this service. It is recommended you contact the board(s) prior to mailing in this form to see if you need to include payment.

LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice veterinary medicine in the state of Montana and the Board of Veterinary Medicine requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

Montana Board of Veterinary Medicine
PO Box 200513
Helena, MT 59620-0513
or
Email to: UnitB@mt.gov

Your prompt response is appreciated.

Name (Please Print) _____ Signature _____

Address: _____

Street or PO Box #

City

State

Zip

My License Number from your State is: _____ License Type: _____