



State of Idaho
Division Of Occupational and Professional Licenses
Board of Veterinary Medicine

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IDAHO BOARD OF VETERINARY MEDICINE

CERTIFIED VETERINARY TECHNOLOGIST REQUES FOR LICENSE VERIFICATION

I (Licensee Name) _____ hereby request an official

Verification of license. My license number is _T-_____. My mailing address

is: _____

City _____ State _____ Zip Code _____

Email Address: _____

Phone Number: _____

** All above fields required.

Has any of the above information changed? If "Yes" we will update the database. Y / N

CONTACT INFORMATION OF STATE REQUESTING VERIFICATION:

Name of State: _____

Email Address: _____ Email accepted? Y / N

(We will email the verification if allowable by the State. This saves time for State that is awaiting verification)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Notes: _____
