



Veterinary Board of Governors
Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Out-of-State Credential Verification

Name _____ Date of birth _____
mm/dd/yyyy

Address _____

City _____ State _____ Zip _____

Credential number: _____

I authorize the release of the information asked for below to the Washington State Veterinary Board of Governors

Signature: _____ Date _____
mm/dd/yyyy

Return completed form to the address shown above.

Name of credential holder:

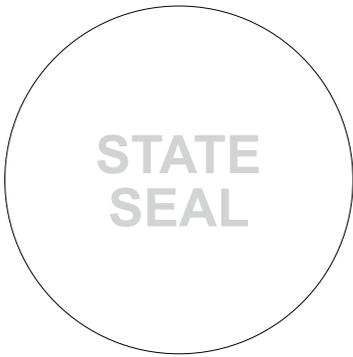
Credential number: _____ Issue date: _____ Expiration date: _____

Credential was issued on the basis of:

- Examination in your state (Veterinary Technician National Examination)
- Other (Please explain):

Has credential ever been suspended, revoked, or subject to other disciplinary action? Yes No

If yes, Please explain _____



Signature: _____

Title: _____

Date: _____
mm/dd/yyyy