

VERIFICATION OF LICENSE - VETERINARY TECHNICIAN

State of Hawaii

Access this form via website at: cca.hawaii.gov/pvt

Hawaii Veterinary Technician Program

P.O. Box 3469

Honolulu, HI 96801

This form may be utilized by applicants who hold or have held a license, certification, or registration in another state with standards comparable to those of this State.

SECTION A. TO BE COMPLETED BY VETERINARY TECHNICIAN	Legal Name (First-Middle)	(Last)	Social Security No.
	Address (Include Apt. No., City, State & Zip Code)		License Number
			Date Issued
	I hereby authorize the licensing agency of the state or county of _____ to furnish the information below to the Hawaii Veterinary Technician Program and I authorize the Director of the Hawaii Department of Commerce and Consumer Affairs ("DCCA") and its agents to use the information in evaluating my application.		
Date: _____		SIGN HERE: _____	

SECTION B. TO BE COMPLETED BY LICENSING AGENCY	This is to certify that the above-named individual was issued license number _____	
	Date license issued: _____	
	Date license expires: _____	
	License status: <input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____	
Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain "YES" response and attach copy of Board's final order and related information.)		
Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please explain "YES" response and attach copy of Board's final order and related information.)		
Signature: _____		
Title: _____		
State: _____		
Date: _____		
TO THE AGENCY: Return this form directly to the Director of the Hawaii DCCA. P.O. Box 3469, Honolulu, HI 96801		

Exam Date(s):

BOARD SEAL

THIS FORM MAY BE DUPLICATED

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.