

EMPLOYER VERIFICATION - VETERINARY TECHNICIAN

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

SUBMIT THE ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

This form is required for each new registration or each change to your Employer's name and/or Employer's business address.

Check one:

- New registration
 Reactivation*
 Notification of Employer Change

OFFICE USE ONLY

- VT current?
 VE current?

SECTION A. TO BE COMPLETED BY VETERINARY TECHNICIAN	Legal Name (First, Middle)	(Last)	Hawaii Lic. No. (if applicable): VT -	
	Residence Address (Include apt. no., city, state & zip code)	Mailing Address (ONLY if different from residence)		
	Social Security No.	Phone No. (days) - Include area code		
	If you checked "Notification of Employer Change" above, please check the applicable box. <input type="radio"/> New Employer <input type="radio"/> Terminated employment (Section B not required)	If you have terminated employment, please provide the Name and Business Address of LAST employing veterinarian Employment dates with above employer: From: _____ To: _____		
	I hereby certify that the information contained in my original application remain unchanged as of this date. I also certify that I will engage in the practice of veterinary technology for the employer designated below and that the statements contained in this application are true and correct.			
_____ Signature of Veterinary Technician			_____ Date	

SECTION B. TO BE COMPLETED BY NEW EMPLOYER	Legal Name of Veterinarian (First, Middle)	(Last)
	Business Address of Veterinarian (Include apt. no., city, state & zip code)	Hawaii License No.: VE -
	I hereby state that I will direct and exercise supervision over the above-named veterinary technician in accordance with Chapter 472, Hawaii Revised Statutes, of the State of Hawaii Veterinary Technician Program.	
_____ Signature of Supervising Veterinarian		_____ Effective Date of Direction and Supervision

***If you are reactivating your license, ATTACH a "Reactivation" application along with this form AND \$12 payable to: COMMERCE & CONSUMER AFFAIRS.** (check must be in U.S. dollars and be from a U.S. financial institution.)
 Fillable "Reactivation" application is located on the Program's website at: cca.hawaii.gov/pvl.

Mail to: *Veterinary Technician Program*
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location: *Veterinary Technician Program*
335 Merchant Street, Rm 301
Honolulu, HI 96813
Phone: (808)586-3000

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.