



**WEST VIRGINIA BOARD OF VETERINARY MEDICINE
APPLICATION FOR WAIVER OF INITIAL LICENSING FEES**

This is an application to waive the initial licensing fees for veterinarians, veterinary technicians, and animal euthanasia technicians in the State of West Virginia. Pursuant to W. Va. Code § 30-1-23 the Board shall waive initial licensing fees for the following classes of individuals:

- (1) Low-income individuals; and
- (2) Military families

“Initial” means obtaining a license in West Virginia for the practice of veterinary medicine, veterinary technology, or animal euthanasia technology for the first time.

“Low-income individual” means an individual in the local labor market, whose household adjusted gross income is below 130 percent of the federal poverty line. This term also includes any person enrolled in a state or federal public assistance program including, but not limited to, the Temporary Assistance for Needy Families Program, Medicaid, or the Supplemental Nutrition Assistance Program.

“Military families” means any person who serves as an active member of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U. S. C. §101, honorably discharged veterans of those forces, and their spouses. This term also includes surviving spouses of deceased service members who have not remarried.



Veterinarian



Registered Veterinarian Technician



Certified Animal Euthanasia Technician

All questions must be answered completely and precisely: Complete this section in its entirety. This application must be submitted along with the license application.

APPLICANT				
Full Legal Name First	Middle Initial	Last		Maiden/Former
Social Security xxx-xx-	Email Address		Home Phone	Cell Phone
Home Street Address	City	State or Province	Zip Code	County

VERIFICATION OF ELIGIBILITY- Check the applicable eligibility category and enclose the required documentation. I currently reside in West Virginia or a portion of the county in which I reside is within 50 miles of the border of West Virginia, and my household adjusted gross income is below 130 percent of the federal poverty line as established by the U.S. Department of Health and Human Services. **As verification of my annual household adjusted gross income, I have enclosed a copy of one of the following:**

- Federal Tax Return for the preceding year
 - Documentation of enrolment in a public assistance program
 - Verification of non-filing a Federal Tax Return
 - Applicant must submit to the IRS the “Request of Tax Return” (4506T) – including option 7
 - Enclose a copy of the IRS’s response to the 4606T Form.
- I am a spouse of a service member or an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. **As verification, I have enclosed a copy of one of the following:**
 - My spouse’s current Military Orders and my Certificate of Marriage with the service member
 - My spouse’s NGB-22 Form and my Certificate of Marriage with the service member
 - My spouse’s DD-214 Form and my Certificate of Marriage with the service member
 - Other: _____
- I am the surviving spouse of a service member and I have not remarried. **As verification, I have enclosed a copy of one of the following:**
 - My decedent spouse’s DD-1300 Form and my Certificate of Marriage with the decedent service member
 - Certificate of Death and an NGB-22 Form and my Certificate of Marriage with the decedent service member
 - DD-214 Form and my Certificate of Marriage with the decedent service member
 - Other: _____

I, _____, do hereby certify, under penalties of perjury and false swearing, I have personally completed this licensure waiver request and the answers are true and correct to the best of my knowledge. Furthermore, I being of full age and being duly sworn according to law, state that I am the person referred to in the foregoing statement, that I have carefully read the instructions given and questions asked in the waiver request form, and that all statements made therein are true and correct.

Signature of Applicant

Date

Mail Waiver Request Form and Licensure application to:

West Virginia Board of Veterinary Medicine
5509 Big Tyler Road, Suite 3
Cross Lanes, WV 25313
Phone (304) 776-8032 Fax (304) 957-0404
E-mail: wvbvm@wv.gov Web: www.wvbvm.gov