WEST VIRGINIA BOARD OF VETERINARY MEDICINE
APPLICATION FOR MILITARY WAIVER OF
LICENSING RENEWAL FEES

To the Military Families Applicant:
This is an application to waive the facility inspection fee for a veterinary facility solely owned by the honorably discharged military veteran or their accompanying spouse for one year following their discharge from active duty.

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
License#	Email Address	Home Phone	
Cell Phone	Facility Name	Facility Phone	

Verification of Eligibility:

- o I currently serve or I am a spouse of an honorably discharged veteran or, 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 of my service or my spouse's service, I have enclosed a copy of one of the following;**
  - o NGB-22 Form
  - o DD-214 Form

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