



**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.

<b>APPLICANT</b>			
Full Legal Name First	Middle Initial	Last	Maiden/Former
License#	Email Address	Home Phone	
Cell Phone	Facility Name	Facility Phone	

**Verification of Eligibility:**

- 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;**
  - NGB-22 Form
  - 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) 776-8256  
E-mail: [patricia.a.holstein@wv.gov](mailto:patricia.a.holstein@wv.gov) Web: [www.wvbvm.org](http://www.wvbvm.org)