



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS

665 MAINSTREAM DRIVE
NASHVILLE, TN 37243
tn.gov/health

Board of Veterinary Medical Examiners
1-800-778-4123 ext. 5325090
(615) 532-5090 (local)

002-\$25.00

Check One

DVM (2317) _____

LVMT (2326) _____

CAET (2327) _____

Application for Replacement License/Renewal Certificate/Wall License

Fee: \$25.00/each

Please check one: Renewal Certificate w/Wallet Card Wall License

I _____
(First) (Middle) (Maiden) (Last)

of _____
(Street Address) (City, State, Zip)

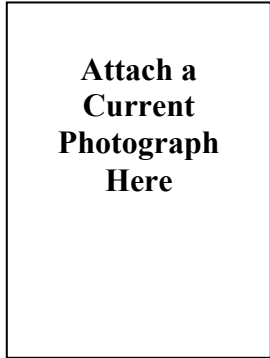
the lawful possessor of the renewal certificate to practice _____
(Profession)

in the State of Tennessee do hereby request a replacement of said license/certificate which was:

Lost Stolen Destroyed Other: _____
(List Reason)

My License/Certificate Number is: _____ which was issued on _____
(Month/Day/Year)

My Social Security Number is: _____



Signature of Licensee Date

The person whose signature appears above has personally appeared before me and being duly sworn, states that the statements made in this application are strictly true on this ___ day of _____ 20__.

Signature of Notary: _____

SEAL

My commission expires: _____