

**REQUEST FOR LETTER OF GOOD STANDING/VERIFICATION OF LICENSE  
TO BE SENT TO ANOTHER STATE OR ENTITY**

There is a \$25 fee for this service. Please mail this form with check or money order to:

**Texas Board of Veterinary Medicine  
1801 Congress Ave, Ste. 8.800  
Austin TX 78701-1319**

**TO WHOM IT MAY CONCERN:**

I am applying for a veterinary license in another state. This is my authority to release any license information in my files concerning me.

Type of License (circle one)    **Veterinary**    **Licensed Veterinary Technician**    **Equine Dental Provider**

\_\_\_\_\_  
**LICENSE NUMBER**

\_\_\_\_\_  
**Expiration DATE**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Name at the time of Texas licensure, if different**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

**State**

**Zip**

\_\_\_\_\_  
**Signature**

**Letter of Good Standing/Verification of License to be sent to:**

(Please allow 7 business days for processing)

\_\_\_\_\_  
**Board or Business Name**

\_\_\_\_\_  
**Address line 1**

\_\_\_\_\_  
**Address line 2**

\_\_\_\_\_  
**City**

**State**

**Zip**

**Revised 7/2022**