



VERIFICATION OF LICENSURE

Complete the applicant section of this form and have every state in which you now hold or have ever held a license/certification to practice complete this page.

Applicant:

First Name	MI	Last Name & Title (Jr., Sr., II, III, etc.)	Former/Maiden
Mailing Address:	P.O. Box		
	Street/Apt #		
	City/State/Zip		
	Country		

I hereby authorize the License Agency to furnish to the Vermont Office of Professional Regulation the information requested below.

Signature _____ Date: _____

Information Below To Be Completed by the Licensing Agency:

License #		Licensed as:	
Date Issued		Date Expired(s)	

Licensed By:		Examination	License Status		Active
		Endorsement/Reciprocity			Inactive
		Waiver			Lapsed
		Other			Other

Has this license ever been encumbered in anyway (revoked, suspended, limited, surrendered, restricted, placed on probation)? If yes, attach a copy of the decision	YES	NO
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Signature of person completing form:	Date:
State Completing this form:	
City/State:	Telephone:
STATE LICENSING AUTHORITY: Please complete this form and return to the address above:	