



### 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.

Licensed as:		Date of Birth:
--------------	--	----------------

#### 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 #		Date Issued:		Date Expired:	
-----------	--	--------------	--	---------------	--

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

Has this license ever been encumbered in anyway (revoked, suspended, limited, surrendered, restricted, placed on probation)? <i>If yes, attach a copy of the decision</i>	YES	NO
---	-----	----

Signature of person completing form:	Date:
--------------------------------------	-------

State Completing this form:
-----------------------------

City/State:	Telephone:
-------------	------------

<p><b>STATE LICENSING AUTHORITY: Mail to</b></p> <p>Vermont Secretary of State Office of Professional Regulation 89 Main Street, 3<sup>rd</sup> Floor Montpelier, VT 05620-3402</p>	<p><b>(OFFICIAL SEAL)</b></p>
---	-------------------------------