



VERIFICATION OF LICENSURE

Complete the applicant section of this form and have the state **original licensure** and your **most current** state of licensure complete the rest.

Licensed as a:		Date of Birth:	
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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:	
License as a:					

Licensed By:		Examination/Education	License Status		Active
		Endorsement/Reciprocity			Inactive
		Waiver			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
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Signature of person completing form:	Date:
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State Completing this form:	City/State:	Telephone:
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<p>STATE LICENSING AUTHORITY: Mail to</p> <p>Vermont Secretary of State Office of Professional Regulation 89 Main Street, 3rd Floor Montpelier, VT 05620-3402</p>	<p>(OFFICIAL SEAL)</p>
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