

Vermont Secretary of State
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier VT 05620-3402



www.vtprofessionals.org

Verification of Licensure Form

Licensee: Please complete this form. Then send this form to the address listed below with a **\$20.00** (non-refundable) fee made payable to the Vermont Secretary of State. Payment must be U.S. funds and drawn on a U.S. affiliated bank. Please print clearly.

Name: _____
Last First Middle Maiden

Address: _____
Street/P.O. Box Apartment/Floor #

Town/City State Zip Code Country

Social Security Number: _____ Date of Birth: _____

Passport Number (if no SSN): _____

License # OR Application #: _____

I hereby authorize the Vermont Secretary of State to furnish the information requested below to a Licensing Authority.

Address of Licensing Authority: _____
Name of Licensing Authority

Street/PO Box City/Town

State Zip Code Country

Applicant Signature: _____ Date: _____

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Attn: *(board name)*