



**WEST VIRGINIA BOARD OF VETERINARY MEDICINE
APPLICATION FOR MILITARY WAIVER OF
LICENSING RENEWAL FEES**

To the Military Families Applicant:

This is an application to waive the renewal licensing fees for licensure of a veterinarian, registration of a veterinary technician or certification of an animal euthanasia technician in the State of West Virginia. Pursuant to W. Va. Code § 30-1-23 the Board shall waive the licensing renewal fees for Military Families.

“Military families” means any person who serves as an active member of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U. S. C. §101, honorably discharged veterans of those forces, and their spouses. This term also includes surviving spouses of deceased service members who have not remarried.

☐ **Veterinarian** ☐ **Registered Veterinarian Technician** ☐ **Certified Animal Euthanasia Technician**

All questions must be answered completely and precisely: Complete this section in its entirety. This application must be submitted along with the license application.

APPLICANT				
Full Legal Name First	Middle Initial	Last	Maiden/Former	
Social Security#	Email Address	Home Phone	Cell Phone	
Home Street Address	City	State or Province	Zip Code	County

Verification of Eligibility- Check the applicable eligibility category and enclose the required documentation.

- ☐ I currently serve as an active member, or am an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. **As verification of my service, I have enclosed a copy of one of the following;**
 - ☐ My current Military Orders
 - ☐ NGB-22 Form
 - ☐ DD-214 Form

- ☐ I am the surviving spouse of a service member and I have not remarried. **As verification, I have enclosed a copy of one of the following:**
 - ☐ My decedent spouse's DD-1300 Form
 - ☐ Certified Certificate of Death and an NGB-22 Form
 - ☐ DD-214 Form and my Certificate of Marriage with the decedent service member

I, _____, do hereby certify, under penalties of perjury and false swearing, I have personally completed this licensure waiver request and the answers are true and correct to the best of my knowledge. Furthermore, I being of full age and being duly sworn according to law, state that I am the person referred to in the foregoing statement, that I have carefully read the instructions given and questions asked in the waiver request form, and that all statements made therein are true and correct.

Signature of Applicant

Date

Mail Waiver Request Form and Licensure application to:

West Virginia Board of Veterinary Medicine
5509 Big Tyler Road, Suite 3
Cross Lanes, WV 25313
Phone (304) 776-8032 Fax (304) 776-8256
E-mail: patricia.a.holstein@wv.gov Web: www.wvbvm.org