

LETTER OF GOOD STANDING REQUEST

NAME: _____ License/Registration #: _____

Current Mailing Address: _____
Street Address

City State Zip

Telephone # E-mail Address

DVM **RVT**

Please include name of licensing board and complete address where you would like the Letter of Good Standing to be mailed:

Licensing Board / Contact Name

Street Address / P.O. Box / Suite

City State Zip

Telephone # Fax #

- Ohio does NOT charge a fee for this service -

Requests will be accepted by mail, fax or email:

RETURN FORM TO: The Ohio Veterinary Medical Licensing Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Fax: 614-644-9038 Email: info@ovmlb.ohio.gov

