

**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, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108

Fax: 614-644-9038      Email: [info@ovmlb.state.oh.us](mailto:info@ovmlb.state.oh.us)

