

DUPLICATE WALL CERTIFICATE REQUEST
(Suitable for Framing)

NAME: _____ License/Registration #: _____

Current Mailing Address: _____
Street Address

City State Zip

Telephone # E-mail Address

DVM **RVT**

*There is a \$35.00 charge to order a duplicate wall certificate. Please make checks payable to:
The Ohio Veterinary Medical Licensing Board. Do NOT send cash or credit card information.

Requests will only be accepted by mail and must be accompanied with the \$35.00 fee:	
RETURN FORMS TO:	The Ohio Veterinary Medical Licensing Board 77 South High Street, 16 th Floor Columbus, Ohio 43215-6108