

**REQUEST FOR LETTER OF GOOD STANDING/VERIFICATION OF LICENSE
TO BE SENT TO ANOTHER STATE OR ENTITY**

Please fax this form to 512-305-7556
There is no fee for this service

Type of License (circle one) Veterinary Licensed Veterinary Technician Equine Dental Provider

License Number

Expiration Date

Name

Name at the time of Texas licensure, if different

SSN

Address

City

State

Zip

Letter of Good Standing/Verification of License to be sent to:

(Please allow 7 business days for processing)

Board or Business Name

Address line 1

Address line 2

City

State

Zip