

KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, KY 40601 Office: 502-782-0273 • Fax: 502-695-5887

kybve.com • vet@ky.gov

Request for Licensure Verification

Instructions: If unable to make a request for licensure verification online through the Board's eServices Portal, this form must be completed by a licensee or certificate holder of the Kentucky Board of Veterinary Examiners to request a Licensure Verification Letter (aka, Letter of Good Standing) for issuance to another jurisdiction. The eServices Portal can be accessed at www.kybve.com, scroll down and click the "Online Services" button to be taken to the Portal login page. The fee for this service is per jurisdiction [\$10].

OFFICIAL USE ONLY						

I. Requestor Contact Information									
First Name]	Middle Name		Last Name					
Other Names Used, if any		Date of Birth Format: MM/DD/YYYY		KY License Number [Social Security Number]			Expiration Date [Date of Birth, format: MM/DD/YYYY		
[KY License Number]		[Expiration Date]		[Cell Phone]		[Business Phone]			
Personal Email Addres	ss								
Address Type Street				ty ST		Zip		Country	
Personal Mailing Address									
Business Name			·						
Business Address									
II. Jurisdictional Request Information									
Name of Board / Certif	fying Body								
Address of Jurisdiction	ı								
Email Address for Juris	sdiction								
Jurisdictional form(s) a	uttached?	☐ Ves or ☐ No	P	aner conv require	-d> [$\neg V_{e}$	s or \square	No	

\$30[\$10] service fee [Service Fee] per jurisdiction payable to the Kentucky State Treasurer. Fee must be attached via check or money order, or attach receipt from online payment. Requests will not be processed without payment.							
Signature of Requestor		Date					