



Managing Licensee Association / Disassociation Application APPLICATION INSTRUCTIONS

This Application is for:

- Association /Disassociation request for a Veterinary Premises Managing Licensee.

Additional Information

Only a Managing Licensee with a current California veterinary license may disassociate from a Veterinary Premises.

Information Privacy Act

Failure to provide any of the requested information will result in the application being deemed incomplete. The information provided will be used to determine qualification for licensure, per Section 4841-4842 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practice Act. The Executive Officer is custodian of records.

Mail the completed application with the appropriate fees payable to the Veterinary Medical Board to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834



MANAGING LICENSEE ASSOCIATION / DISASSOCIATION APPLICATION

1. APPLICATION

Please select one:

- Veterinary Premises Managing Licensee Association (please complete section 2, 3, and 5)
 \$25.00 REPLACEMENT PREMISES PERMIT WALL CERTIFICATE
- Veterinary Premises Managing Licensee Disassociation (please complete section 4 and 5)

2. MANAGING LICENSEE ASSOCIATION

LAST NAME	FIRST NAME	MIDDLE NAME	LICENSE NUMBER
PREMISES NAME			PREMISES NUMBER
PREMISES ADDRESS OF RECORD	CITY	STATE	ZIP CODE
EMAIL		PREMISES PHONE NUMBER	

3. MANAGING LICENSEE CONVICTION INFORMATION

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR NOLO CONTENDERE TO ANY CRIMINAL OR CIVIL OFFENSE IN THE UNITED STATES, ITS TERRITORIES, OR A FOREIGN COUNTRY?*	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide certified copies of arrest reports, certified court documents, certified probation/rehabilitation documents, and a signed and dated detailed letter explaining circumstances.*	
<small>*This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code section 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.</small>	

4. MANAGING LICENSEE DISASSOCIATION

LAST NAME	FIRST NAME	MIDDLE NAME	LICENSE NUMBER
PREMISES NAME			PREMISES NUMBER
PREMISES ADDRESS OF RECORD	CITY	STATE	ZIP CODE
EMAIL		PREMISES PHONE NUMBER	

5. CERTIFICATION

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application is true, correct, and complete. Providing false information or omitting required information is grounds for denial of licensure or revocation of licensure in California.

Signature _____ Date _____

----- (OFFICE USE ONLY) -----

ENTITY/FILE #: _____ RECEIPT #: _____ DATE CASHIERED : _____ AMOUNT PAID: \$ _____