



**Secretary of State
Office of Professional Regulation**

VERIFICATION OF LICENSURE

Applicant completes the top section of this form and the state or jurisdiction of **original licensure** and your **most current** state or jurisdiction of licensure completes the bottom portion. This form must be submitted to our office by the state directly.

Licensed as a:		Date of Birth:	
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Applicant Full Legal Name:

First Name	MI	Last Name & Title (Jr., Sr., II, III, etc.)	Former/Maiden

Business Entity Name

Mailing Address:	P.O. Box Street/Apt #	
	City/State/Zip	
	Country	

I hereby authorize the License Agency to furnish to the Vermont Office of Professional Regulation the information requested below.

Signature _____ Date: _____

Information Below to Be Completed by the Licensing Agency:

License #		Date Issued:		Date Expired:	
Licensed as a:				State of Licensure:	
Licensed By:		Examination/Education	License Status:		Active
		Endorsement/Reciprocity			Inactive/Expired
		Registration/Waiver			Lapsed/Other:
Has this license ever been encumbered in anyway (revoked, suspended, limited, surrendered, restricted, placed on probation)? <i>If yes, attach a copy of the decision.</i>					YES NO

Signature of person completing form:	Date:

<p align="center">STATE LICENSING AUTHORITY: Mail to</p> <p align="center">Vermont Secretary of State Office of Professional Regulation 89 Main Street, 3rd Floor Montpelier, VT 05620-3402 Attn: (Profession Specific)</p>	<p>(OFFICIAL SEAL)</p>
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