

Mississippi Board of Veterinary Medicine  
1089D Stark Road  
Starkville, Mississippi 39759  
(662) 324-9380

CERTIFICATE OF LICENSURE IN ANOTHER STATE

APPLICANT SECTION

Complete this section of this form. Mail to each state where you now hold or have ever held a license (make copies as needed).  
PRINT OR TYPE this information.

NAME (Last First Middle)

Address (Street City State Zip Code)

License Number Date Issued

I hereby authorize the \_\_\_\_\_  
to furnish the Mississippi Board of Veterinary Medicine any information in your files concerning me, favorable or otherwise.

Signature \_\_\_\_\_ Date \_\_\_\_\_



THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

This is to certify that the above-named individual was issued Licensed

# \_\_\_\_\_, to practice \_\_\_\_\_.

Date Issued: \_\_\_\_\_

Licensed by: ( ) Examination Status: ( ) Active  
( ) Endorsement/Reciprocity ( ) Inactive  
( ) Lapsed  
( ) Revoked/Suspended

Date License Expires: \_\_\_\_\_

Has this license ever been encumbered in any way? (revoked, suspended, limited, surrendered, restricted, probation, denied).

( ) Yes ( ) No If yes, explain on the reverse side.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ State \_\_\_\_\_

SEAL