## North Carolina Veterinary Medical Board

1611 Jones Franklin Rd., Suite 106, Raleigh, North Carolina 27606 FAX: (919) 854-5606

## CHANGE OF ADDRESS FORM

## .0106 CURRENT INFORMATION REQUIRED BY THE BOARD

Each licensee shall keep the Board currently advised as to his proper and current mailing address. All changes of professional association, or dissolution of a professional relationship, shall be reported within 60 days to the Executive Director together with the new status and addresses of the individuals or firm.

You may also change all of the following information, except your name, by logging onto www.ncvmb.org. Vet License Number: Tech Registration Number: Legal Name \_\_\_\_\_ Last Home Address\_\_\_\_\_\_Street/Apartment Number/PO Box Primary Phone \_\_\_\_\_\_ NC County\_\_\_\_\_ Practice/Work Name Practice/Work "Physical" Address Street/PO Box Practice/Work "Mailing" Address Street/PO Box NC County Practice Type: Circle only one (1) Small Animal Large Animal Mixed Animal Mobile Practice **Emergency Practice** University/Teaching Federal Gov. State Gov. Armed Forces Commercial Research/Laboratory Relief Work Retired Unemployed Unrelated Field Signature

Veterinarians Only - Please check preferred address to receive your mail: [ ] Practice/Work [ ] Home

If not advised, the Board office will use the home address for all correspondences.