

Perimeter Center
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Website: <https://www.dhp.virginia.gov/Boards/VetMed/>**REQUEST FOR VERIFICATION OF A VIRGINIA LICENSE**

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Full Name and Required Information

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|-----------------------|---|
| Last Name: | First Name: |
| Email Address: | VA License Number: |
| Primary Phone Number: | Last four digits of Social Security Number: |

Email address where verification should be sent: Email Postal Carrier

| | | |
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| Email Address: | | |
| Board Name: | | |
| Street and/or Box Number: | | |
| City: | State: | Zip Code: |

Signature of Licensee_____
Date