



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Animal Health
 Bureau of Animal Disease Control
 Veterinary Examining Board
 Phone: (608) 224-4353 Email: DATCPVEB@wisconsin.gov

APPLICATION FOR TEMPORARY SPOUSAL RECIPROCAL LICENSE

This application only applies to individuals who have current unrestricted licenses in another state or governmental authority, and who have spouses that are service members in the U.S. armed forces, or in a reserve unit of the U.S. armed forces, or in the national guard of any state. Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m). Completion of this form is required for issuance of a Temporary Spousal Reciprocal License per Wis. Stat. § 89.073(2)(a). Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stat. § 93.135).

PLEASE TYPE OR CLEARLY PRINT IN INK

Wis. Stat. § 89.073(2)(a)

LEGAL NAME / LAST:	FIRST:	MIDDLE:	FORMER / MAIDEN NAME(S):	
ADDRESS:		CITY:	STATE:	ZIP CODE:
MAILING ADDRESS (if different):		CITY:	STATE:	ZIP CODE:
E-MAIL:			PHONE: () -	DATE OF BIRTH:

SCHOOL INFORMATION

SCHOOL NAME:		
ADDRESS:	CITY:	STATE:
DEGREE:	DATE DEGREE GRANTED:	
BEGINNING DATE OF TEMPORARY PRACTICE IN WISCONSIN:	LOCATION CITY:	LOCATION STATE:

FEES

Application Fee: \$141.00

Mail your application and payment to:

DATCP
 ATTN: Veterinary Examining Board
 PO Box 93598
 Milwaukee, WI 53293-3598

LIST ALL ACTIVE AND INACTIVE CREDENTIALS

List state(s), veterinarian or veterinary technician credential type, and license number received by a written exam:
List state(s), veterinarian or veterinary technician credential type, and license number received by Endorsement/Reciprocity:

This temporary license expires 180 days after the grant date. If you are requesting an additional extension of the 180 days, list the reason for the extension request below:

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

A citizen or national of the United States, or

A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Agriculture, Trade and Consumer Protection immediately.

DECLARATION OF TEMPORARY RESIDENCE

I declare under penalty of law that I am a spouse of a service member in the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state of the U.S., and we are temporarily residing in the state of Wisconsin while my spouse is on active duty.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Agriculture, Trade and Consumer Protection change.

SIGNATURE

PRINT NAME

DATE

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on _____

NOTARY PUBLIC (PRINT NAME)

(SEAL)

NOTARY PUBLIC (SIGN NAME)

My commission: expires _____ is permanent.

***A NOTARIAL SEAL OR STAMP IS REQUIRED**