



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

CERTIFICATION OF LEGAL STATUS

Wis. Stat § 93.07(2), 8 U.S.C. § 1601 et. seq

I, _____, declare under penalty of law that I am (check one):
(NAME OF APPLICANT)

- Options for legal status: A citizen or national of the United States, or A qualified alien or nonimmigrant lawfully present in the United States...

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.

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 - If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful.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.

APPLICANT SIGNATURE PRINT NAME DATE

STATE OF _____

COUNTY OF _____

(SEAL)

Subscribed and sworn to before me on _____

NOTARY PUBLIC (PRINT NAME)

NOTARY PUBLIC (SIGN NAME)

My commission: [] expires _____ [] is permanent.

*A NOTARIAL SEAL OR STAMP IS REQUIRED

MAIL this form to: DATCP, ATTN: Veterinary Examining Board, PO Box 8911, Madison, WI 53708-8911 OR
EMAIL this form to: DATCPVEB@wisconsin.gov