



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

VETERAN REQUEST APPLICATION ADDENDUM

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes, unemployment insurance contributions, or child or family support. Wis. Stat. § 93.135. Personally identifiable information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m).

This form applies to individuals who served in the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state.

PLEASE TYPE OR CLEARLY PRINT IN INK

Wis. Stat. § 45.44

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

Are you requesting a waiver of your initial credentialing fee?

- Yes - Provide a copy of your Department of Veterans Affairs (DVA) voucher code:
 No - View appropriate profession's application form for total fees required to obtain your credential.

Are you requesting equivalency of your training and experience?

- Yes - View the appropriate profession's application forms for information required to obtain your credential. Provide copies of your military training and experience which may include:
- Service School Academic Reports including course start/end dates, course of study, and grade
 - Certificates of Training for specific programs completed such as apprenticeships, specialization courses, or hands-on training courses
 - Training Documentation signed by your Unit's Training NCO (non-commissioned officer)
 - A written personal narrative as to why you feel your military education/training/experience has prepared you for this profession

For assistance locating documentation related to your training and experience, please contact DVA at **1-800-WisVets** or www.WisVets.com.

- No - View appropriate profession's application form for information required to obtain your credential.

MAIL this form to:

DATCP
 ATTN: Veterinary Examining Board
 PO Box 8911
 Madison, WI 53708-8911

OR

EMAIL this form to:

DATCPVEB@wisconsin.gov