



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

ACTIVE DUTY/DISCHARGE RENEWAL EXTENSION

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

This form applies to individuals and their spouses who are on Active Duty in the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state at the time of license renewal, and whose primary residence is in Wisconsin. This form also applies to individuals and their spouses who have been discharged within the last 180 days from the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state.

PLEASE TYPE OR PRINT CLEARLY IN INK.

Wis. Stat. § 321.60; Wis. Admin. Code § VE 1.30(3)

| | | | |
|--|-------------|---|-------------------------------|
| LICENSE HOLDER LAST NAME: | FIRST NAME: | MI: | FORMER / MAIDEN NAME(S): |
| Which credential are you requesting a renewal extension? | | LICENSE / CREDENTIAL NUMBER: | PROFESSION / CREDENTIAL TYPE: |
| What is your permanent state of residence? | | In what state are you registered to vote? | |

A. WHICH METHOD OF EXTENSION ARE YOU REQUESTING?

ACTIVE DUTY at time of renewal (Check one of the two boxes below and include **current military orders** for that person.)

NOTE: You are not required to pay the renewal fee or meet renewal requirements until the next renewal deadline.
Allow five to seven business days for this request to be reviewed and processed.

- I am/will be on Active Duty at the time this license expires, and I request that this license remain active for 180 days after the date of discharge or until the end of the next credentialing biennium, whichever date comes first.
- My Spouse is/will be on Active Duty at the time this license expires, and I request that this license remain active for 180 days after the date of discharge or until the end of the next credentialing biennium, whichever date comes first. **(Include a letter describing how the Active Duty prevents you from working at this time.)**
- Spouse's Name: _____

DISCHARGED from active duty in the last 180 days (Check one of the two boxes below and include **Form #DD214** for that person.)

- I was discharged from active duty in the last 180 days, and I request that this license remain active until the next renewal deadline.
- My Spouse was discharged from Active Duty in the last 180 days, and I request that this license remain active until the next renewal deadline.
- Spouse's Name: _____

B. ARE YOU REQUESTING A WAIVER OR EXTENSION FOR YOUR CONTINUING EDUCATION (CE)?

- I am requesting a complete waiver of my CE requirement
(Submit a letter describing the undue hardship that completing your CE would cause)
- I am requesting an extension of time in order to complete my CE requirement
(Submit a letter describing the undue hardship that completing your CE prior to renewal would cause)
- I am not requesting a waiver or extension
(Select that you have completed your CE as appropriate when filing your renewal. The renewal cannot be processed until either CE is complete or a CE waiver or extension is granted.)

SIGNATURE

| | | |
|--------------------|--|------------|
| SIGNATURE _____ | | DATE _____ |
| PRINTED NAME _____ | | |

MAIL this form to: DATCP, ATTN: Veterinary Examining Board, PO Box 8911, Madison, WI 53708-8911

OR

EMAIL this form to: DATCPVEB@wisconsin.gov