

Certificate of Moral Character

This certifies that we have been personally acquainted with _____ (name) of _____ for a period of not less than five (5) years; that s/he is not addicted to the intemperate use of alcohol or narcotic drugs; that we know him/her to be of good moral character and hereby recommend him/her as being worthy to be licensed to practice in the District of Columbia, pursuant to law.

1. _____
Signature Printed Name Date

Address Phone Number

2. _____
Signature Printed Name Date

Address Phone Number

3. _____
Signature Printed Name Date

Address Phone Number

Return this form to:
HRLA1-Board of Veterinary Medicine
P.O. Box 37801
Washington, D.C. 20013