



Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration



YELLOW FEVER STAMP OWNER APPLICATION

For Official Use Only

| | |
|---|---------------------------|
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Stamp Number: YF _____ |
|---|---------------------------|

Please Print or Type: **(ALL SECTIONS MUST BE COMPLETED AND SENT TO ADDRESS BELOW)**

Indicate type Health Professional License: Pharmacist Physician Nurse

Health Professional License #: _____

Name of Applicant

Home Address

City

State

Zip code

Business Name

Business Address (Suite/Building/Floor)

City

State

Zip code

Business Number

Cell Number

Business Fax Number

Email Address

Attestation

I agree to comply with all guidelines established by the District of Columbia Department of Health pertaining to the use of the Yellow Fever Uniform Stamp. I understand that the stamp remains the property of the Department of Health and is subject to recall at the discretion of the Department.

Signature of Applicant

Date

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.