DC | HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

YELLOW FEVER STAMP OWNER APPLICATION

For Official Use Only

Approved ☐ Denied ☐	**Stamp Number:** **YF_____**

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

Indicate type Health Professional License: ☐ Pharmacist
☐Physician ☐ Advanced Practice Registered Nurse
Health Professional License #: _____

_____

Name of Applicant

_____

Home Address

_____

City **State** **Zip code**

_____

Business Name

_____

Business Address (Suite/Building/Floor)

_____ _____ _____

City **State** **Zip code**

DC | HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Business Number **Business Fax Number** **Cell 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**