

## APPLICATION FOR AUTHORIZATION OR LICENCE TO PRACTISE AS A VETERINARIAN, AQUAMEDICINE BIOLOGIST OR VETERINARY NURSE

*Please read the guidelines carefully before filling in the form!*

Surname		First name and middle name(s)	
Any former names		Nationality	
Date of birth (dd/mm/yy)	Nat. id. or Immigr. no.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone (private, fixed and/or mobile)
Address		E-mail address	
Postal code	Town/city	Country	
Educated at		Graduated (month and year)	

Place of work (name of enterprise) *		Position	
Percentage post	Main field of work	Telephone (work, fixed and/or mobile)	
Address		E-mail address	
Postal code	Town/city	Country	

I am applying for  authorization  licence for personnel over 75 years of age  student licence  other licence  
to practise as a/an  veterinarian  aquamedicine biologist  veterinary nurse

<b>Preferred language for authorization papers</b>  <input type="checkbox"/> standard Norwegian <input type="checkbox"/> new Norwegian	<b>Recommendation from the Norwegian School of Veterinary Science: **</b> <i>The applicant qualifies for a student licence.</i>  <div style="display: flex; justify-content: space-between;"> <span>..... date</span> <span>..... signature</span> </div>
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Enclosures	

**NB! All copies must be certified by a public official confirming that they are true copies of the original.**

**The above information is correct, and the enclosures are authentic, unaltered documents which apply to me.**

Place	Date	Signature
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