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**OMB Approved**  
0579-XXXX  
Exp.: XX/XXXX

United States Department of Agriculture  
Marketing and Regulatory Programs  
Animal and Plant Health Inspection Service  
Veterinary Services

## NVSL Application for Laboratory Training

National Veterinary Services Laboratories  
1800 Dayton Avenue  
P.O. Box 844  
Ames, IA 50010

Telephone Number: 515-337-7475/7501  
Fax Number: 515-337-7332  
Email: NCAH.training@aphis.usda.gov

### 1. Name and Address of Applicant (*Please Type or Print*)

(Dr., Mr., Mrs., Ms.,) (Last) (First) (MI)

Office Address:

City: State: ZIP Code: Country:

Office Telephone Number: Fax Number:

Email Address:

### 2. Training Desired

Course Name: Date (*If Known*): Cost:

### 3. Employer

Organization:

Division/Unit:

Local Address:

City: State: ZIP Code:

### 4. Professional Status

Occupation: Position Title: Specialty:

Brief description of your previous experience or training in conducting the requested test(s).

### 5. Signatures

Applicant's Signature: Date:

(*If nomination is for EIA training, AVIC must sign here*) - Authorizing Official's Signature: Date:

Name/Title of Authorizing Official (*Print of Type*): Phone Number: