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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

Telephone Number: 515-337-7475/7501
Fax Number: 515-337-7332
Fmail: NCAH training@aphie usda gov

P.O. Box 844	Fax Number: 515-337-7332 Email: NCAH.training@aphis.usda.gov			
Ames, IA 50010  1. Name and Address of Applicant ( <i>Please Type o</i>	r Drinfl		Email: N	CAH.training@apnis.usda.gov
(Dr., Mr., Mrs., Ms.,) (Last)		(First)		(MI)
(= 1, 111, 1112), (= 111)			( )	(,
Office Address:				
City	State:	ZIP Code:	Country	
City:	State.	ZIP Code.	Country:	
Office Telephone Number:	·	Fax Number:	•	
Email Address:				
Email Address.				
2. Training Desired				
Course Name:			Date (If Known):	Cost:
3. Employer				
Organization:				
•				
Division // leit				
Division/Unit:				
Local Address:				
City:			State:	ZIP Code:
4. Professional Status				
	sition Title:		Specialty:	
			7, ,	
Brief description of your previous experience or training	g in conducting the rec	juested test(s).		
5. Signatures				
Applicant's Signature:				Date:
(If nomination is for EIA training AVIC must sign hard)	- Authorizing Official's	Signaturo		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: