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OMB Approved
0579-0430
Exp. XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

NVSL Application for Laboratory Training

National Veterinary Services Laboratories
1920 Dayton Avenue
P.O. Box 844
Ames, IA 50010

Telephone Number: 515-337-7475/7300
Fax Number: 515-337-7716
Email: NCAH.training@aphis.usda.gov

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

Dr., Mr., Mrs., Ms.:	Last Name:	First Name:	Middle Initial:
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Office Address:

City:	State:	ZIP Code:	Country:
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Office Telephone Number:	Fax Number:
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Email Address:

2. Training Desired

Course Name:	Date (If Known):	Cost:
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3. Employer

Organization:

Division/Unit:

Local Address:

City:	State:	ZIP Code:
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4. Professional Status

Occupation:	Position Title:	Specialty:
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Brief description of your previous experience or training in conducting the requested test(s).

5. Signatures

Applicant's Signature:	Date:
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Authorizing Official's Signature (If nomination is for EIA training, VS Assistant District Director must sign here):	Date:
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Name and Title of Authorizing Official (Print of Type):	Phone Number:
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