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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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