

REQUEST FOR A LETTER OF GOOD STANDING



Date:

Applicant Details:

First Name:

Last Name:

Address:

Phone:

E-mail Address:

Registration [Number](#):

Registration Board/Authority to be supplied with Letter of Good Standing:

Within Australia:

Australian Capital Territory
New South Wales
Northern Territory
South Australia
Tasmania
Victoria
Western Australia

International:

Canada
Hong Kong
New Zealand
South Africa
United Kingdom
USA -specify:

**Other Board/Authority not
identified above (include
address/contact details):**

Note: Letters of Good Standing are valid for 3 months from the date of issue and are sent directly to the Board/jurisdiction requested.

Please note:

If you no longer wish to be registered in Queensland, you must advise the Board that you wish to remove your name from the Register to avoid a penalty fee if you wish to register at a future date. Please tick this box if you wish to remove your name voluntarily.

Please remove my name from the Queensland Register

Submit this form by:

Email to vsbqld@daf.qld.gov.au

Fax to 07 3087 8144

Post to:

The Registrar
Veterinary Surgeons Board
GPO Box 46, Brisbane 4001