State of New Mexico
Board of Veterinary Medicine

SUSANA MARTÍNEZ
Governor

Rebecca J. Washburn, DVM
Chair

Frances R. Sowers
Executive Director

APPLICATION FOR PERMIT – BOVINE ARTIFICIAL INSEMINATION AND/OR BOVINE PREGNANCY DIAGNOSIS TECHNICIAN

(PLEASE TYPE OR PRINT LEGIBLY)

Please read the entire form carefully, and fill in as appropriate; incomplete application forms will be returned. All permit holders must notify the Board office, in writing, within 30 days of any address change. This form is available for download from the Board web site address at bottom of page Place a checkmark below in the appropriate box or boxes.

Type: ☐ Artificial Insemination (AI) ☐ Pregnancy Diagnosis (PD)

PERSONAL INFORMATION:

FULL NAME (Last, First, Middle)
NAME TO APPEAR ON YOUR LICENSE
DOB
EMAIL ADDRESS

PHOTO
(head and shoulders)
2" x 2"

PREFERRED MAILING ADDRESS*:

BUSINESS NAME (IF PART OF MAILING ADDRESS ONLY)		
STREET		
CITY	STATE	ZIP/POSTAL CODE
PHONE	FAX	
COUNTRY		

HOME ADDRESS*: ☐ Same as above

BUSINESS NAME (IF PART OF HOME ADDRESS ONLY)		
STREET		
CITY	STATE	ZIP/POSTAL CODE
PHONE	FAX	
COUNTRY		

OFFICE USE ONLY.	
Date of Issue	/ /
Initials	
Date of Exam	/ /
APPLICATION FEE	
Date of ☐ BC ☐ MO	/ /
Doc. No.	
Amount	☐ $75 ☐ $150

7301 Jefferson St. NE, Ste. H • Albuquerque, NM 87109-4363 • Phone (505) 553-7021 • Fax (505) 553-7024
www.NMBVM.org

FEES: *The application fee for bovine artificial insemination/pregnancy diagnosis technicians is* ***$75 per permit****. Performing the duties of a bovine artificial insemination/pregnancy diagnosis technician without certification is a violation of the law.*

By affixing my signature to this document, I am affirming that I agree with the facts that follow. I grant the New Mexico Board of Veterinary Medicine (NMBVM) permission to proceed in the following manner:

- To secure or request additional information, which may be required with regard to this application.
- I have read and understand the New Mexico laws that pertain to the practice of veterinary medicine and bovine artificial insemination/pregnancy diagnosis in this state, and the Rules and Regulations promulgated by the Board of Veterinary Medicine, which include the standards for professional conduct. I intend to practice in keeping with the laws and rules and all pertinent laws and rules that may be enacted in the future.
- I agree to be examined and/or submit to questioning by NMBVM to substantiate any and all claims or representations in this application
- All facts, statements, and answers contained in this application are true and correct to the best of my recollection. Any intentional omission, falsification or withholding of the aforementioned concerning my qualifications as an applicant, shall be sufficient grounds to bar me from obtaining this certification and/or any other certification issued by the New Mexico Board of Veterinary Medicine.
- Any intentional omissions, falsifications or withholdings discovered during the licensing process or after license has been issued, shall be grounds for cancellation of application and/or revocation of said certificate.

I herein affirm that I understand fully all conditions, requirements and statements, prescribed in this document. I further attest if I did not understand any parts of this application, I requested and received from NMBVM explanation to my complete understanding. I also certify that I have completed and successfully passed the Bovine AI/PD course of instruction given by the NMBVM-recognized Bovine AI/PD Examiner or by another institution, as approved by NMBVM.

SIGNATURE _____ DATE _____

NOTARY PUBLIC	
STATE OF	*SEAL*
COUNTY OF	
MY COMMISSION EXPIRES	

NOTARY SIGNATURE _____ DATE _____

SIGN AND DATE IN INK COLOR OTHER THAN BLACK. FACSIMILES OR COPIES OF FACSIMILES WILL NOT BE ACCEPTED AND WILL BE RETURNED TO APPLICANT.

SUBMIT ORIGINAL FORM TO BOARD OFFICE, RETAIN A SIGNED COPY OF FORMS FOR YOUR RECORDS.