

U.S. DEPARTMENT
OF AGRICULTURE

ANIMAL AND PLANT
HEALTH INSPECTION
SERVICE

VETERINARY
SERVICES

NATIONAL VETERINARY SERVICES LABORATORIES
1800 DAYTON AVENUE
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AMES, IA 50010

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NVSL APPLICATION FOR LABORATORY TRAINING

1. Name and Address of Applicant (Please type or print)			
(Dr., Mr., Mrs., Ms.)	(Last)	(First)	(M.I.)
Office Address			
City State Zip Code			Country
Telephone: Office: ()		FAX: ()	
E-Mail Address:			
2. Training Desired			
Course Name	Date (If known)	Cost	
3. Employer			
Organization			
Division/Unit			
Local Address			
		City	State Zip Code
4. Professional Status			
Occupation	Position Title	Speciality	
Brief description of your previous experience or training in conducting the requested test(s)			
5. Signatures			
Applicant's Signature		Date	
(If nomination is for EIA training, AVIC must sign here)		Date	
Authorizing Official's Signature			
Name/Title of Authorizing Official (Print or Type)		Phone Number	