

**RENEWAL APPLICATION**

I hereby apply for the renewal of my LICENSE AS A/AN

PHYSICIAN


for the period from 01/31/84 to 01/31/85

under the provisions of Title 26, Chapter 23 V.S.A. LICENSE NUMBER 42-000 5419

I enclose the correct fee as follows: \$ 50.00

DATE

SIGNATURE

42-0005419  
WATERMAN PHILIP E II MD  


**INSTRUCTIONS**

1. Check for correct spelling of name and proper address. Print changes in adjoining space.
2. Sign and date the application.
3. Enclose the correct fee in a check or money order (no cash) payable to:
4. Mail application and fee to:  
LICENSING & REGISTRATION DIVISION  
PAVILION OFFICE BUILDING  
MONTPELIER, VERMONT 05602
5. Your new license will not be issued until just before the new license period starts. There's no need to check with us before then to see if we got your application. In fact, it would slow things down.
6. Write the Licensing and Registration Division immediately whenever you have a change of address or name.

**SPECIAL INSTRUCTIONS**