

RENEWAL APPLICATION

Handwritten signature and date: 12/21/88

I hereby apply for the renewal of my License AS
A Physician for the period from 02/01/1987 to 11/30/1990

under the provisions of Title 26, Chapter 23 V.S.A.
I enclose the correct fee as follows: \$ 96.00

LICENSE NUMBER 42-0005419

IMPORTANT: YOU MUST SIGN THE REVERSE SIDE OF THIS CERTIFICATE OR YOUR LICENSE WILL NOT BE RENEWED.

WATERMAN PHILIP F II MD



SPECIAL INSTRUCTIONS

DURING THE PREVIOUS 2 YEARS, HAVE YOU: A YES REQUIRES AN EXPLANATION
please circle either yes or no

- Had any treatment for mental illness? [Redacted]
 - Had any convictions other than for minor violations? YES/NO
 - Had an addiction to or been treated for drug or alcohol abuse? [Redacted]
 - Had any jurisdiction deny or take action against your license? [Redacted]
 - Had any final liability judgments or settlements? YES/NO
 - Had any hospital privileges denied, conditioned or revoked? YES/NO
 - Recently started practicing in Vermont? YES/NO
- To distribute workload renewal period has been adjusted & fee prorated

A new law provides that a professional license may not be renewed unless the licensee certifies that he or she is in good standing with the Department of Taxes. Good standing means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with the payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship (32 V.S.A. § 3113).

The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both.

Remember, if you don't sign this certificate, your license will not be renewed.

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay, any and all taxes due the State of Vermont as of the date of this application.

DATE 12/13/88

SIGNATURE Philip F. Waterman II