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www.wvbop.com

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Acting Director

John Smolder,
CFO/COO

Michael L. Goff
CSMP Administrator

Office Address
2310 Kanawha Blvd, East
Charleston, WV 25311

Phone
(304) 558-0558
(304) 558-0572 (fax)

Verification Request

(1-2 week processing time)

\$10.00 fee required per request (due upon receipt of request)

Check or Money Order **ONLY** made payable to WVBOB

License #: _____

Name: _____

Mailing Address: _____

City/State/Zip _____

Where will this verification be sent to:

MUST PROVIDE PRE-ADDRESSED ENVELOPE

All verifications will be sent via regular USPS mail unless a prepaid label & envelope is provided.
If requesting to have this verification sent to multiple locations then separate form/fee must be submitted.

Name: _____

Mailing Address: _____

City/State/Zip _____

If you have been provided with a verification form please supply it with this request.

If no form has been provided we will issue our own verification.