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[www.wvbop.com](http://www.wvbop.com)

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Acting Director

John Smolder,  
CFO/COO

Michael L. Goff  
CSMP Administrator

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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.**