

**APPLICATION FOR REGISTRATION
EQUINE TEETH FLOATER IN THE STATE OF ARKANSAS**

I, _____, would like to request to be registered in the state of Arkansas as an Equine Teeth Floater. The following two witnesses attest to the fact that I am competent in the practice of smoothing and filing teeth by floating:

Name of Witness 1: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I, _____, [*Name of Witness 1*], attest to the fact that _____
[*Name of Equine Teeth Floater*] is competent in the practice of smoothing and filing teeth by floating.

Printed Name of Witness 1

Signature of Witness 1

Date

Name of Witness 2: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I, _____, [*Name of Witness 2*], attest to the fact that _____
[*Name of Equine Teeth Floater*] is competent in the practice of smoothing and filing teeth by floating.

Printed Name of Witness 2

Signature of Witness 2

Date

Contact Information

Equine Teeth Floater Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____