

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS** 8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112

(334) 395-5117(fax)





LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	CHARLES H THOR	<u>RNBURG II</u>	Lic	cense #: <u>1</u>	<u>1971</u>
I authorize the Alabama State Board of Veterinary Medical Examiners to release information in regards to the status and standing of my license to practice veterinary medicine and/or surgery in the State of Alabama					
ALABAMA BOARD VERIFICATION:					
APPLICANT L	ICENSE NUMBER:	<u>1971</u>	DATE IS	SSUED:	06/30/1969
Qualifications for license in year of ssue:		GRADUATE - AU 1969, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO	☐ YES		S
Current Disciplinary Action?		☑ NO	☐ YES		
Pending Disciplinary Action?		☑ NO		☐ YES	S
If yes to any disciplinary action, you will find attached a certified copy of the Finding of Fact, Conclusions of Law, and /or Final Order, or the charges of a pending case.					
Board Signatur	e: Tammy	S. Carrile	Date:	05/30/20	<u>925</u>

Executive Director