

ALABAMA STATE BOARD OF VETERNARY MEDICAL EXAMINERS 8100 SEATON PLACE--SUITE A MONTGOMERY AL 36116 (334) 395-5112 (334) 395-5117(fax)

Tammy S Cargile Executive Director

www.asbvme.alabama.gov

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	ARTHUR SERWIT	<u>Z</u>	License #: 2	<u>2540</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>2540</u>	DATE ISSUED:	<u>06/01/1975</u>
ualifications for license in year of sue:		GRADUATE - GA 1970, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Act	tion?	☑ NO	☐ YE	S
Current Disciplinary Action?		☑ NO	☐ YE	S
Pending Disciplinary Action?		☑ NO	☐ YE	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 Signature: Tammy S. Cargile Date: 05/30/2025				

Executive Director