

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:	CARL E GRIMMET	<u> T</u>	Licer	nse #: <u>3</u>	<u> 2066</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 LICENSE NUMBER:		<u>3066</u>	DATE ISSUED: <u>07/13/1980</u>		
Qualifications for license in year of issue:		GRADUATE -	<u>AU 1980, th</u>	e STAT	TE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Acti	ion?	☑ NO		∃YES	,
Current Disciplinary Action?		☑ NO	☐ YES		
Pending Disciplinary Action?		☑ NO		□ YES	
•	iplinary action, you w aw, and /or Final Ord				ne Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025					

Executive Director