

Executive Director

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: <u>HO</u>	LLEY G CALDW	<u>YELL</u>	Lice	ense #: <u>3</u>	<u>8148</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>3148</u>	DATE ISS	SUED:	06/10/1981
Qualifications for lice	ense in year of	GRADUATE -	AU 1981, t	he STAT	TE EXAM
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		☐ YES	5
Current Disciplinary Action?		☑ NO	☐ YES		\$
Pending Disciplinary Action?		☑ NO		☐ YES	\$
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					

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