

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:

| ETCETTOE VERTITOTIVE QUE | | TOTAL | |
|---|-------------|------------------|----------------------|
| Name: <u>WAYNE A STANDI</u> | <u>FER</u> | License #: . | <u>3370</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>3370</u> | DATE ISSUED: | 07/11/1982 |
| Qualifications for license in year of issue: | GRADUATE - | AU 1982, the STA | TE EXAM |
| Current License Status: | DECEASED S | TATUS EXPIRAT | ION DATE. 12/31/2024 |
| Disciplinary Action? | ☑ 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: Cayal Date: 05/30/2025 Tammy S. Cargile Executive Director | | | |