

## 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>BELINDA D HAT</u>	<u> TAWAY</u>	License #: ,	<u>3713</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	a: <u>3713</u>	DATE ISSUED:	06/04/1985	
Qualifications for license in year of assue:	<u>GRADUATE</u>	- AU 1985, the STA	TE EXAM	
Current License Status:	<u>ACTIVE STA</u>	ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
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: Tammy S. Cargile Date: 05/30/2025				

**Executive Director**