

Tammy S Cargile Executive Director

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

(334) 395-5117(fax)

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: <u>STEVEN M PELHA</u>		<u>M</u> License #: <u>4381</u>			<u> 1381</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>4381</u>	DATE ISSU	JED:	04/18/1994
Qualifications for license in year of issue:		GRADUATE - AU 1993, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO] YES	
Current Disciplinary Action?		☑ NO		YES	.
Pending Disciplinary Action?		☑ NO		YES	
	olinary action, you w w, and /or Final Ord		-	-	ne Finding of Fact,
Board Signature:	Tammy	S. Cargile e Director	Date: <u>05</u>	<u>//30/20</u>	<u> </u>