

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>SUSAN A GOOD</u>	MAN-MARTIN	VMS License #: 4	<u>1427</u>	
I authorize the Alabama State Board regards to the status and standing of the State of Alabama	•			
ALABAMA BOARD VERIFICAT	TION:			
APPLICANT LICENSE NUMBER	: <u>4427</u>	DATE ISSUED:	10/03/1994	
Qualifications for license in year of issue:	GRADUATE - TN 1992, the STATE EXAM			
Current License Status:	ACTIVE S	ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?	☑ NO	☐ YES	S	
Current Disciplinary Action?	☑ NO	☐ YES	S	
Pending Disciplinary Action?	☑ NO	☐ YES	S	
If yes to any disciplinary action, you Conclusions of Law, and /or Final O		± •	he Finding of Fact,	
Board Signature: Tamm	J. Cay	Date: <u>05/30/2</u>	<u>925</u>	

Executive Director