

## 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:	GREGGORY W TU	<u>CKER</u>	License #	: <u>4482</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>4482</u>	DATE ISSUED	e: <u>09/18/1995</u>
Qualifications for license in year of ssue:		GRADUATE - AU 1995, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Ac	ction?	☑ NO	□ Y	ES
Current Discipl	inary Action?	☑ NO	□ Y	ES
Pending Discip	linary Action?	☑ NO	□ Y	ES
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**