

Executive Director

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>(</u>	CLAUDE ADAM C	<u>ARTER</u>	Lic	ense #: <u>4</u>	<u>1938</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>4938</u>	DATE ISSUED: <u>12/15/1999</u>		
Qualifications for license in year of issue:		GRADUATE - AU 1998, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		☐ YES	S
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 Date: 05/30/2025					

Executive Director