

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:

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Name: <u>WILLIAM</u>	R BRAWNER III	License #:	<u>5075</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 NU	JMBER: <u>5075</u>	DATE ISSUED:	<u>05/08/2001</u>
Qualifications for license in issue:	year of <u>GRADUATE</u>	- AU 2001, the STA	TE EXAM
Current License Status:	ACTIVE STA	ATUS EXPIRATION	DATE. 12/31/2024
Disciplinary Action?	☑ NO	☐ YE	S
Current Disciplinary Action	? ✓ NO	☐ YE	S
Pending Disciplinary Action	? I 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 Executive Director	Date: <u>12/07/2</u>	<u>023</u>