

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>JUSTIN S MIMS</u>		License #: <u>5540</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>5540</u>	DATE ISSU	ED:	05/10/2005
Qualifications for license in year of issue:		GRADUATE - AU 2005, the STATE EXAM			
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025			
Disciplinary Action?		☑ NO		l _{YES}	
Current Disciplinary Action?		☑ NO		YES	
Pending Disciplinary Action?		☑ NO		l yes	}
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:		S. Cargile e Director	Date: <u>05/</u>	/ <u>30/20</u>	<u>925</u>