

Executive Director

Board Signature:

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:	DAVID MICHAEL	TILLSON ACVS	<u>S</u> License #: .	<u>5790</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>5790</u>	DATE ISSUED:	07/27/2009
Qualifications for license in year of ssue:		GRADUATE - NC 1988, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary A	ction?	☑ NO	☐ YE	S
Current Discip	linary Action?	☑ NO	☐ YE	S
Pending Discip	olinary Action?	☑ NO	☐ YE	S
•	sciplinary action, you w Law, and /or Final Ord			he Finding of Fact,
100 P. 1 C. 100				

Tammy S. Cargile **Executive Director** Date: <u>05/30/2025</u>