

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: | ne: <u>STEVEN M SIRMO</u> | | License #: <u>6047</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>6047</u> | DATE IS | SSUED: | 05/05/2009 |
| Qualifications for license in year of issue: | | GRADUATE - AU 2009, the STATE EXAM | | | |
| Current License Status: | | ACTIVE STATUS EXPIRATION DATE. 12/31/2023 | | | |
| Disciplinary Action? | | ☑ NO | | ☐ YES | S |
| Current Disciplinary Action? | | ☑ NO | | ☐ YES | S |
| Pending Disciplinary Action? | | ☑ NO | | ☐ YES | S |
| | olinary action, you w w, and /or Final Ord | | | 1 0 | he Finding of Fact, |
| Board Signature: | Tammy | S. Cargile re Director | Date: | 12/03/20 | <u>023</u> |