

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>STEVEN M SIRMO</u>		<u> </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. 12/31/2025			
Disciplinary Action?		☑ NO		☐ YES	S
Current Disciplinary Action?		☑ NO		☐ YES	S
Pending Disciplinary Action?		☑ NO		☐ YES	5
If yes to any discipl Conclusions of Law					ne Finding of Fact,
Board Signature:		S. Cargile re Director	Date:	05/30/20	<u>925</u>