

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>JOHN B BEN</u>	<u>NET</u>	License #: 6	<u>6470</u>
I authorize the Alabama State Beregards to the status and standing the State of Alabama	_		
ALABAMA BOARD VERIFI	CATION:		
APPLICANT LICENSE NUMI	BER: <u>6470</u>	DATE ISSUED:	07/05/2012
Qualifications for license in year	r of <i>GRADUATI</i>	E - AU 1980, the STA	TE EXAM
Current License Status:	<u>SUSPENDE</u>	ED STATUS EXPIRA	TION DATE. 12/31/2023
Disciplinary Action?	☑ NO	☐ YES	3
Current Disciplinary Action?	☑ NO	☐ YES	S
Pending Disciplinary Action?	☑ NO	☐ YES	5
If yes to any disciplinary action, Conclusions of Law, and /or Fin	-	- ·	ne Finding of Fact,
	mmy S. Cargile ecutive Director	Date: <u>05/30/20</u>	<u>925</u>