

8100 SEATON PLACE--SUITE A **MONTGOMERY AL 36116** (334) 395-5112 (334) 395-5117(fax) Tammy S Cargile Executive Director

www.asbvme.alabama.gov

ALABAMA STATE BOARD OF **VETERNARY MEDICAL EXAMINERS**

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	ame: <u>ANDREW R NICHO</u>		<u>DLS</u> License #: <u>6828</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>6828</u>	DATE ISSUED: <u>12/04/2015</u>		12/04/2015
Qualifications for license in year of issue:		GRADUATE - ROSS 2015, 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	
•	isciplinary action, you w f Law, and /or Final Ord				ne Finding of Fact,
Board Signature: Tammy S. Cargile Date: 05/30/2025					

Executive Director