

## 8100 SEATON PLACE--SUITE A MONTGOMERY AL 36116 (334) 395-5112 (334) 395-5117(fax)



Executive Director www.asbvme.alabama.gov

## LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name:	JAMES AUSTIN F.	FTNFR	License #:	7288
ivame.	JAMES AUSTIN T	<u>ETNEK</u>	Licciisc π.	<u>/200</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 L	ICENSE NUMBER:	<u>7288</u>	DATE ISSUED:	06/12/2019
Qualifications for license in year of issue:		GRADUATE - AU 2019, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Act	ion?	☑ NO	☐ YE	SS
Current Disciplinary Action?		☑ NO	☐ YE	SS
Pending Disciplinary Action?		☑ NO	☐ YE	es s
If yes to any disciplinary action, you will find attached a certified copy of the Finding of Fact, Conclusions of Law, and /or Final Order, or the charges of a pending case.				
Board Signature: Tammy S. Cargile Date: 05/30/2025				

**Executive Director** 

ALABAMA STATE BOARD OF VETERNARY MEDICAL EXAMINERS