

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>BARRY L STUAR</u>	<u>RT</u>	License #: 2	<u>7459</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 VERIFICAT	<u>ΓΙΟΝ:</u>			
APPLICANT LICENSE NUMBER	a: <u>7459</u>	DATE ISSUED:	03/04/2021	
Qualifications for license in year of issue:	<u>GRADUATE -</u>	<u>IA 1993, the STAT</u>	<u>E EXAM</u>	
Current License Status:	<u>SUSPENDED</u>	SUSPENDED STATUS EXPIRATION DATE. 12/31/2024		
Disciplinary Action?	☑ NO	☐ YES	S	
Current Disciplinary Action?	☑ NO	☐ YES	S	
Pending Disciplinary Action?	☑ NO	☐ YE	S	
If yes to any disciplinary action, you Conclusions of Law, and /or Final C		1.0	he Finding of Fact,	
	y S. Cargile	Date: <u>05/30/2</u>	<u>025</u>	