

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: A	LLYSON D DUVA	<u>ALL</u>	License	#: <u>7909</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>7909</u>	DATE ISSUE	ED: <u>05/08/2024</u>
Qualifications for license in year of issue:		GRADUATE - MS 2024, the STATE EXAM		
Current License Status:		ACTIVE STATUS EXPIRATION DATE. 12/31/2025		
Disciplinary Action?		☑ NO		YES
Current Disciplinary Action?		☑ NO		YES
Pending Disciplinary Action?		☑ NO		YES
If yes to any discipl Conclusions of Law				of the Finding of Fact, ase.
Board Signature:	•	S. Cargile e Director	Date: <u>05/3</u>	<u>30/2025</u>