

Alabama License Verification Request

Name: _____ License #: _____

Mailing Address: _____

City

State

Zip

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 to the Veterinary Medical Board of _____.

Signature: _____ Date: _____

****There is a \$25.00 service charge for each verification requested. Payment must be received before request can be processed.**

Submit this request or any form supplied by the receiving state by mail with a check or money order for the fee(s). Your request will be processed in a timely manner.

Please make payable to the
Alabama State Board of Veterinary Medical Examiners or **ASBVME**.

Be sure to indicate any deadline you are trying to meet.

Mail: Alabama State Board of Veterinary Medical Examiners
8 Commerce Street – Suite 910
Montgomery, AL 36130-5330
334-262-8068
www.asbvme.alabama.gov