

2010 DVM License Renewal

(Please Print or Type Legibly!)

Full Name:	LAST 4 SSN#:	YROB:
Mailing Address:		*Owner: <input type="checkbox"/>
*Business or Employer's Name:		*Co-Owner: <input type="checkbox"/>
Business Street Address:		*Associate: <input type="checkbox"/>
Home Phone: Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business Phone(s):	Fax:	
email address:		

**If you own (or work at) more than one facility, please provide all information for all facilities. You must have one license & one annual display in each facility. A form is available at the website for additional license or display requests. This information is required to affirm and update our database.*

LAST 4 DEA #1: _____	Expiration Date #1: _____	<input type="checkbox"/> Active
Registered Physical Address:		
LAST 4 DEA #2: _____	Expiration Date #2: _____	<input type="checkbox"/> Active
Registered Physical Address:		
(If you have more than two DEA #'s, please attach additional sheets with the information requested!)		
I Have No Active DEA Registration! <input type="checkbox"/>		

1. Has any license or authorization to practice veterinary medicine and surgery or to perform federal, state, county, or municipal regulatory work been revoked, suspended or disciplined in any manner during the calendar year of 2010 or previous years not reported? Yes No If so give details _____.
2. Have you had to surrender your narcotics license or had any adverse dealings with any state or federal narcotic authorities during the calendar year of 2010 or previous years not reported? Yes No If so give details _____.
3. Have you been treated for voluntarily or involuntarily for alcohol or substance abuse during the calendar year of 2010 or previous years not reported *that has not been treated or is not being treated by the Alabama Veterinary Professional Wellness Committee*? Yes No If so give details _____.
4. Have you been convicted of a crime or pleaded nolo contendere or non vult to a criminal charge during the calendar year of 2010 or previous years not reported? Yes No If so give details _____.

Attach Additional Sheets if necessary!

Signature: _____ **Date:** _____