

# **\*\*IMPORTANT NOTICE\*\***

You are required to post your original license (Certificate of Qualification), current calendar year display license, and premise permit (if applicable) to the public.

**Licenses must be displayed in all clinics or hospitals that you practice in.**

If you practice or relief practice in more than one clinic and need additional certificates or displays, please note those items below and fax or mail back to the office for issue of the additional items.

**Print Name:** \_\_\_\_\_  
*(as you wish it to appear on the Certificates and Displays)*

**License #:** \_\_\_\_\_ **Date Originally Issued:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_

**Duplicate Certificate of Qualification**                      How Many? \_\_\_\_\_  
(\$25.00 per Duplicate)

**Current Year Display**    How Many? \_\_\_\_\_  
(No Charge)

1. Hospital or Clinic: \_\_\_\_\_

City: \_\_\_\_\_

2. Hospital or Clinic: \_\_\_\_\_

City: \_\_\_\_\_

(Please note Hospital and City for each Display requested)

Fax: 334-395-5117 or

Mail: Alabama State Board of Veterinary Medical Examiners  
8100 Seaton Place – Suite A  
Montgomery, AL 36130-5330  
334-395-5112

*(Add additional sheets as needed)*