



**ALABAMA BOARD OF COURT
REPORTING**

P.O. Box 241565
PH: (334) 328-7708
www.abcr.alabama.gov



LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Jillian M Doctor**

License #: **698**

I authorize the Alabama Board of Court Reporting to release information in regards to the status of my license in the State of Alabama.

ALABAMA BOARD VERIFICATION:

LICENSE #: **698**

DATE ISSUED: **04/20/2022**

Current License Status: **ACTIVE STATUS EXPIRATION DATE: 12/31/2025**

Board Signature:

A handwritten signature in black ink that reads "Victor K. Biebighauser".

**Victor Biebighauser
Executive Director**

Date: **04/01/2026**