



**Alabama Licensing Board for General  
Contractors**

445 Dexter Ave, Suite 3060 Montgomery, AL 36104  
Phone: (334) 272-5030  
Fax: (334) 395-5336



**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: **BOWEN OPERATIONS INC** License #: **41839**

I authorize the Alabama Licensing Board for General Contractors to release information in regards to the status of my license.

**ALABAMA BOARD VERIFICATION:**

LICENSE #: **41839** Expiration Date: **11/30/2025**

Specialty: **BC-S: REMODELING AND ALTERATION, BC-S: RESTORATION**

Board Signature: \_\_\_\_\_ Date: **04/24/2026**  
**Tiffany Loveless**  
**Executive Director**