



**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: **TRIAD RESTORATION INC** License #: **42783**

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

ALABAMA BOARD VERIFICATION:

LICENSE #: **42783** Expiration Date: **7/31/2025**

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

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