



**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: **COMPLETE CARE HVAC SER INC** License #: **S-45777**

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

**ALABAMA BOARD VERIFICATION:**

LICENSE #: **S-45777**

Expiration Date: **10/31/2025**

Specialty: **SUBCONTRACTOR: HEATING, VENTILATION, AND AIR CONDITIONING**

Board Signature: \_\_\_\_\_

**Tiffany Loveless  
Executive Director**

Date: **04/25/2026**