



**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: **AIR CARE SYSTEMS**

License #: **S-49272**

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-49272**

Expiration Date: **12/31/2025**

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

Board Signature: _____

**Tiffany Loveless
Executive Director**

Date: **04/24/2026**