



**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 HOME REPAIR** License #: **S-49676**

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-49676** Expiration Date: **10/31/2025**

Specialty: **SUBCONTRACTOR: MASONRY, VINYL SIDING**

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