



**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: **SUMMIT ROOFING AND RESTORATION INC** License #: **S-58187**

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-58187** Expiration Date: **6/30/2025**

Specialty: **SUBCONTRACTOR: ROOFING AND SHEET METAL**

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