



**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: **CAPSOL US LLC DBA CAPSOL LLC** License #: **S-60445**

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-60445** Expiration Date: **10/31/2025**

Specialty: **SUBCONTRACTOR: FRAMING, SIDING INSTALLATION**

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