



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Brycson Mo Tran** License #: **11012**

I authorize the Alabama State Board of Public Accountancy to release information in regards to the status of my license.

ALABAMA BOARD VERIFICATION:

LICENSE #: **11012** Certification Date: **04/02/2009**

Board Signature: _____

D. Boyd Busby
Executive Director

Date: **04/25/2026**