



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Rsynard Fl Belfrey* License #: *12847*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *12847* Certification Date: *04/04/2016*

Board Signature: _____

A handwritten signature in green ink that reads "d boyd busby".

D. Boyd Busby
Executive Director

Date: *04/25/2026*