



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Cordoba Austin Geronimo* License #: *13199*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *13199* Certification Date: *09/21/2017*

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: *04/03/2026*