



Alabama State Board of Public Accountancy

770 Washington Ave, Ste 226
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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Tsamla Os Chodon

License #: 13453-R

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 13453-R

Certification Date: 05/16/2018

Board Signature: _____

D. Boyd Busby
Executive Director

Date: 04/01/2026