



## Alabama State Board of Public Accountancy

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### LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Dered Em Galindo* License #: *13505*

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

### ALABAMA BOARD VERIFICATION:

LICENSE #: *13505* Certification Date: *07/10/2018*

Board Signature: \_\_\_\_\_

**D. Boyd Busby**  
Executive Director

Date: *04/03/2026*