



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Kelleene Dewayne Claridge* License #: *13523-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 #: *13523-R* Certification Date: *07/25/2018*

Board Signature: *D. Boyd Busby* Date: *04/25/2026*
D. Boyd Busby
Executive Director