



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Emeraldxity E. Sikniz* License #: *14235*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *14235* Certification Date: *02/02/2021*

Board Signature: _____

A handwritten signature in green ink that reads "D. Boyd Busby".

D. Boyd Busby
Executive Director

Date: *07/05/2026*