



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Kharla Hall Tavaréz** License #: **14398-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 #: **14398-R** Certification Date: **09/21/2021**

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: **04/01/2026**