



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Jshcs Ro Sjdhsbcd License #: 14616

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 14616 Certification Date: 07/07/2022

Board Signature: _____

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

**D. Boyd Busby
Executive Director**

Date: 07/05/2026