



Alabama State Board of Public Accountancy

770 Washington Ave, Ste 226
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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Avriona D. Simmons

License #: 1505-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 #: 1505-R

Certification Date: 11/07/1975

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: 04/25/2026