



**Alabama State Board of Public Accountancy**

770 Washington Ave, Ste 226  
Montgomery, AL 36104-3807  
Phone: (334) 242-5700  
Fax: (334) 242-2711

**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: **Rodneyandmarisa Joel Lamey** License #: **1533**

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

**ALABAMA BOARD VERIFICATION:**

LICENSE #: **1533** Certification Date: **01/07/1976**

Board Signature: \_\_\_\_\_

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

**D. Boyd Busby  
Executive Director**

Date: **04/04/2026**