



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Basilyo Ex Aklas* License #: *15492*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *15492* Certification Date: *10/28/2025*

Board Signature: _____

D. Boyd Busby
Executive Director

Date: *04/25/2026*