



Alabama State Board of Public Accountancy

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

Name: **Profeso B. Corona**

License #: **1650-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 #: **1650-R**

Certification Date: **11/05/1976**

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: **04/26/2026**