



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Tatie Ro Smith**

License #: **1710**

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

ALABAMA BOARD VERIFICATION:

LICENSE #: **1710**

Certification Date: **04/21/1977**

Board Signature:

Date: **07/05/2026**

D. Boyd Busby
Executive Director