



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Kleberin Mur Maz* License #: *1815*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *1815* Certification Date: *11/04/1977*

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: *04/04/2026*