



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Nuvias Te Nails

License #: 1913

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 1913

Certification Date: 06/01/1978

Board Signature: _____

D. Boyd Busby
Executive Director

Date: 04/25/2026