



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Klondy Hebz Canales* License #: *2870*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *2870* Certification Date: *05/06/1983*

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: *07/05/2026*