



**Alabama State Board of Public Accountancy**

770 Washington Ave, Ste 226  
Montgomery, AL 36104-3807  
Phone: (334) 242-5700  
Fax: (334) 242-2711

**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: **Belfor Pa Arichavala** License #: **3275**

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

**ALABAMA BOARD VERIFICATION:**

LICENSE #: **3275** Certification Date: **05/09/1985**

Board Signature:  Date: **04/01/2026**  
**D. Boyd Busby**  
**Executive Director**