



Alabama State Board of Public Accountancy

770 Washington Ave, Ste 226
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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Bbsuthar Ja Suthar**

License #: **3948-R**

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

ALABAMA BOARD VERIFICATION:

LICENSE #: **3948-R**

Certification Date: **08/22/1988**

Board Signature: _____

D. Boyd Busby
Executive Director

Date: **04/26/2026**