



**Alabama State Board of Public Accountancy**

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

Name: **Pannaporn Ik Thammassupapong** License #: **4435**

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

**ALABAMA BOARD VERIFICATION:**

LICENSE #: **4435** Certification Date: **01/29/1990**

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