



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Jeraida Li Garcia* License #: *4599*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *4599* Certification Date: *05/16/1990*

Board Signature: _____

A handwritten signature in green ink that reads "D. Boyd Busby".

D. Boyd Busby
Executive Director

Date: *04/01/2026*