



Alabama State Board of Public Accountancy

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

Name: *Esfira O. Akilova*

License #: *4729*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *4729*

Certification Date: *09/15/1990*

Board Signature: _____

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

D. Boyd Busby
Executive Director

Date: *04/25/2026*