



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Nndjsjjs J. Bzbsbha

License #: 5003

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 5003

Certification Date: 08/05/1991

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: 04/26/2026