



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: ***Darkn O. Beonka*** License #: ***5301***

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

ALABAMA BOARD VERIFICATION:

LICENSE #: ***5301*** Certification Date: ***03/03/1992***

Board Signature:  Date: ***07/05/2026***
D. Boyd Busby
Executive Director