



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Sarija Ny Culesker License #: 5319

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 5319 Certification Date: 03/09/1992

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