



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Kastriot Heath Kasalla** License #: **5369-R**

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

ALABAMA BOARD VERIFICATION:

LICENSE #: **5369-R** Certification Date: **06/03/1992**

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