



Alabama State Board of Public Accountancy

770 Washington Ave, Ste 226
Montgomery, AL 36104-3807
Phone: (334) 242-5700
Fax: (334) 242-2711

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: _____

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

D. Boyd Busby
Executive Director

Date: **04/25/2026**