



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Fitisemanu E. Moe* License #: *5690*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *5690* Certification Date: *02/01/1993*

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