



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Esome Jm Son* License #: *5813-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 #: *5813-R* Certification Date: *02/22/1993*

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: *04/01/2026*