



Alabama State Board of Public Accountancy

770 Washington Ave, Ste 226
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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Khenniey Ka Aworlarjar** License #: **6201-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 #: **6201-R** Certification Date: **02/17/1994**

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: **04/01/2026**