



Alabama State Board of Public Accountancy

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

Name: **Hariir M Gacan**

License #: **6486**

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

ALABAMA BOARD VERIFICATION:

LICENSE #: **6486**

Certification Date: **08/01/1994**

Board Signature:

**D. Boyd Busby
Executive Director**

Date: **04/25/2026**