



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Aaliha Tf Banks*

License #: *6556*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *6556*

Certification Date: *08/24/1994*

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: *07/05/2026*