



**Alabama State Board of Public Accountancy**

770 Washington Ave, Ste 226  
Montgomery, AL 36104-3807  
Phone: (334) 242-5700  
Fax: (334) 242-2711

**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: **Belcine Ma Medonchoung** License #: **6713**

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

**ALABAMA BOARD VERIFICATION:**

LICENSE #: **6713** Certification Date: **01/30/1995**

Board Signature: \_\_\_\_\_

A handwritten signature in green ink that reads "D. Boyd Busby".

**D. Boyd Busby**  
**Executive Director**

Date: **04/25/2026**