



Alabama State Board of Public Accountancy

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

Name: *Diane and Darren Nunu Olsen* License #: *6789*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *6789* 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*