



**Alabama State Board of Public Accountancy**

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Phone: (334) 242-5700  
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**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: *Toffesi Le Siewe* License #: *6973*

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

**ALABAMA BOARD VERIFICATION:**

LICENSE #: *6973* Certification Date: *07/31/1995*

Board Signature: *D. Boyd Busby* Date: *04/01/2026*  
**D. Boyd Busby**  
**Executive Director**