



**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: *Slcs Tn Parent*

License #: *7024*

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

**ALABAMA BOARD VERIFICATION:**

LICENSE #: *7024*

Certification Date: *07/31/1995*

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

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

**D. Boyd Busby  
Executive Director**

Date: *04/25/2026*