



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: **Khryztho Mt Zarate** License #: **7453-R**

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

ALABAMA BOARD VERIFICATION:

LICENSE #: **7453-R** Certification Date: **08/16/1996**

Board Signature: _____

A handwritten signature in green ink, appearing to read "D. Boyd Busby", is written over a horizontal line.

D. Boyd Busby
Executive Director

Date: **04/01/2026**