



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Kiamars Rj Narimissa** License #: **7485-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 #: **7485-R** Certification Date: **10/25/1996**

Board Signature: _____

D. Boyd Busby
Executive Director

Date: **07/05/2026**