



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Msriela D. Bee

License #: 890

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 890

Certification Date: 11/07/1969

Board Signature: _____

**D. Boyd Busby
Executive Director**

Date: 04/26/2026