



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Alzaa W. Zam

License #: 9739

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 9739

Certification Date: 07/15/2004

Board Signature: _____

D. Boyd Busby
Executive Director

Date: 04/28/2026