



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Tarshara M. Love

License #: 9817

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 9817

Certification Date: 10/15/2004

Board Signature: _____

D. Boyd Busby
Executive Director

Date: 04/01/2026