



**Alabama State Board of Public Accountancy**

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**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: *Bzjxnz Fins Jxkxji* License #: *N140*

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

**ALABAMA BOARD VERIFICATION:**

LICENSE #: *N140* Certification Date: *10/31/2023*

Board Signature: *D. Boyd Busby* Date: *04/26/2026*  
**D. Boyd Busby**  
**Executive Director**