



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Gordwin Clarence Richard** License #: **P1020**

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

ALABAMA BOARD VERIFICATION:

LICENSE #: **P1020** Certification Date: **05/13/1986**

Board Signature: _____

D. Boyd Busby
Executive Director

Date: **07/05/2026**