



Alabama State Board of Public Accountancy

770 Washington Ave, Ste 226
Montgomery, AL 36104-3807
Phone: (334) 242-5700
Fax: (334) 242-2711

LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Kolmega K. Kolblooded**

License #: **P560**

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

ALABAMA BOARD VERIFICATION:

LICENSE #: **P560**

Certification Date: **09/16/1974**

Board Signature: _____

A handwritten signature in green ink that reads "D. Boyd Busby".

**D. Boyd Busby
Executive Director**

Date: **04/04/2026**