Phone: (334) 277-8881

Fax: (334) 263-6115

2777 Zelda Rd., Montgomery, AL 36106

## **Initial Professional Deaf Permit Application**

First Name:	Middle Initial:		Last Name:		
Date of Birth://	SS #	#	Board use only:		
Home Address:					
City:					
Primary Phone:	<u></u>		Secondary Phone:	<b>-</b>	
Personal Email Address:					
Current Employer:					
Address:					
City:	_ State:	Zip Code:	Work Phone:		<i>-</i>
Work Email Address:					
List all credentials (Required):					
4. Has any state licensing board refused, r disciplinary action?	evoked or susp	ended a certificate/lic	cense issued to you or taken oth	er	
you answered yes to questions 1-4, please pr	ovide details o	n separate sheet of	paper.		
affirm that all the information and documentati	on contained he	erain is correct to the	a hact of my knowledge. Lundar	ectand this line	onse hos
limitations to provide services in specific are		erem is correct, to the	best of my knowledge. I dilder	stand this nec	inse mas
Applicant Signatur	e	<del> </del>	Date		
You must include the following with this r	notarized applica	ntion:			
<ul><li>Check for \$175</li><li>Proof of passing an ALBIT approved Code of</li></ul>	Ethics exam.		Sworn to and subscrib day of		
Proof of passing an ALBIT approved Performa	ance Assessment		uay oi		, 20
Copy of GED, high school or college diploma	or official college	e transcripts.	Notary	Public	
Audiogram     Broof of citizenship     Proof of citizenship			My commission expires:	/	/



## Alabama Licensure Board of Interpreters and Transliterators Proof of Citizenship (POC) Form — for Initial ALBIT Applications



This form is to be completed by all applicants in order to comply with Ala. Code S 31-13-7 (1975 as amended). Please mail this completed form with a copy of the required documentation proving citizenship or legal presence to:

## ALBIT

2777 Zelda Rd., Montgomery, AL 36106

## Do not send originals or faxes of citizenship/legal presence documents.

Name (Pleas	se Print):
	Please complete this section if you are a United States Citizen. Check all that apply below: d States Citizen. I am submitting the attached COPY of my document to prove citizenship:
	and submit one of the following:
0	Alabama Driver's License or identification issued by the Department of Public Safety
0	Driver's License from other state that required proof of lawful presence
0	Birth Certificate indicating U.S. Birth
0	Valid U.S. Passport
0	Military Identification showing U.S. as place of birth
0	Naturalization documents
0	Certificate of Citizenship
0	Consular report of birth abroad of US Citizen
0	Bureau of Indian Affairs identification
0	American Indian card issued by Homeland Security
0	Final adoption decree showing person's name and place of U.S. Birth
0	A valid Uniformed Services Privileges and identification card
0	Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
0	Certification of Birth issued by U.S. Department of State
Signature _	Date
I am <b>not</b> a U Please check	Please complete this section if you are not a United States Citizen. Check all that apply below: United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the US: and submit one of the following:
0	1-327 Re-entry Permit
0	1-551 Permanent Resident Card
0	1-571 Refugee Travel Document
0	1-766 Employment Authorization Card
0	1-94 Arrival/Departure Record
0	Unexpired Foreign Passport
0	remporary 1 331 Stamp (on passport of 1 34)
0	1-20 Certificate of Eligibility for non-immigrant (F-1) student status
0	DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
0	Machine-readable immigrant Visa (with temporary 1-551 language)
0	Other: Explain:
I hereby dec making a fal S 13A-10-1	clare that I am an alien lawfully present in the United States of America. <u>I sign this declaration under penalty of perjury;</u> se or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code 02.
Signature	Date