



# ALABAMA LICENSURE BOARD FOR Interpreters and Transliterators

PO Box 240187 Montgomery, AL 36124-0187 (2777 Zelda Rd., Montgomery 36106) Phone: (334) 277-8881 Fax: (334) 277-0188

## Application for Educational Permit Renewal

**Ms., Mrs., Mr.** *First Name:* \_\_\_\_\_ *Middle Initial:* \_\_\_\_\_ *Last Name:* \_\_\_\_\_  
Circle one

*Last 4 digits of SS#* \_\_\_\_\_ *Educational Permit #:* \_\_\_\_\_

*Home Address:* \_\_\_\_\_

Preferred?

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

*Primary Phone:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *Secondary Phone:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*Current Employer:* \_\_\_\_\_

*Address:* \_\_\_\_\_

Preferred?

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_ *Work Phone:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Work Email:* \_\_\_\_\_

*List all credentials (Required):* \_\_\_\_\_

**Please answer all questions and attach any supporting documentation**

**YES NO**

- |   |       |       |
|---|-------|-------|
| 1. Are you a citizen of the United States of America?   | _____ | _____ |
| 2. Are you or have you ever been addicted to alcohol or drugs?  | _____ | _____ |
| 3. Have you ever treated for alcohol/substance abuse in a treatment center, hospital, or outpatient setting?                              | _____ | _____ |
| 4. Have you ever voluntarily or otherwise surrendered your license or certification/ registry in any jurisdiction, state or territory?    | _____ | _____ |
| 5. Are you currently under investigation by any licensing board or agency?  | _____ | _____ |
| 6. Have any suits been filed against you or your employer on your behalf?   | _____ | _____ |
| 7. Are you currently charged with, or ever been convicted of, a felony or misdemeanor?  | _____ | _____ |
| 8. Do you have any physical, mental or emotional impairments that would hinder your ability to perform duties assigned in the profession? | _____ | _____ |
| 9. Has any state licensing board refused, revoked or suspended a certificate/permit issued to you or taken other disciplinary action?     | _____ | _____ |

**If you answered yes to questions 2-9, please provide details on separate sheet of paper.**

I affirm that all the information and documentation contained herein is correct, to the best of my knowledge. I have reviewed and understand the requirements for annual renewal. I further understand this Permit limits me to provide services in specific areas for which this Permit has been issued.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**You must include all of the following:**

- This notarized application
- A \$125.00 Permit fee. Check # \_\_\_\_\_
- Copies of certificates of attendance from attending workshops earning 2 CEUs within this ALBIT annual cycle.

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public