



ALABAMA LICENSURE BOARD FOR Interpreters and Transliterators

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

Replacement License/Permit Request Form

*There is a \$25.00 fee for each replacement License/Permit requested.
Mail fee with this form, payable to ALBIT*

Requesting a replacement License Permit Nonrenewable Permit Education Permit for the reason below:
 Lost Stolen Name Change New Credentials
 Other: _____

Please note:

- The \$25.00 duplicate License/Permit fee is payable by check or money order only.
Do not send cash to the Board office.
- If the request is due to a name change or new credentials, proof of the change must be sent in with this form.

Ms., Mrs., Mr. *First Name:* _____ *Middle Initial:* _____ *Last Name:* _____
Circle one
License/Permit # _____ *Date of Birth:* ____/____/____ *Last 4 digits of SS #* _____

Only update the information below that has changed.

Preferred?
Home Address: _____
City: _____ *State:* _____ *Zip Code:* _____ *County:* _____
Primary Phone: ____ - ____ - ____ *Secondary Phone:* ____ - ____ - ____
Personal Email Address: _____

Current Employer: _____
 Preferred?
Address: _____
City: _____ *State:* _____ *Zip Code:* _____ *Work Phone:* ____ - ____ - ____
Work Email Address: _____
List new credentials: _____

I affirm that all the information and documentation contained herein is correct, to the best of my knowledge.

Licensee or Permit Holder's Signature

Date