

**Alabama Licensure Board for Interpreters
and Transliterators**

P. O. Box 240187, Montgomery, AL 36124
Phone: 334.277.8881
FAX: 334.277.0188

**CHANGE OF INFORMATION NOTICE
(Name Change or Address Change, etc.)**

Current Licensee Information on file:

Last Name: _____ First Name: _____ Middle Name: _____
License #: _____
Mailing Address: _____ City _____ State _____ Zip _____
Home Phone: (____) ____-____ Work Phone: (____) ____-____ Other Phone: (____) ____-____
E-mail: _____

Complete ALL sections below that have changed.

Last Name: _____ First Name: _____ Middle Name: _____
Mailing Address: _____ City _____ State _____ Zip _____
Home Phone: (____) ____-____ Work Phone: (____) ____-____ Other Phone: (____) ____-____
E-mail: _____ Web Site: _____

Employment:

Name and Address of Employer	Beginning/Ending dates of Employment	Title of Position	Phone

If additional space is needed, record on a separate sheet of paper and attached to this application.

Education:

High School	City, State	Dates Attended	Graduation date	Major
University/College	City, State	Dates Attended	Graduation date	Major
Other	City, State	Dates Attended	Graduation date	Major

If additional space is needed, record on a separate sheet of paper and attached to this application.

