



ALABAMA LICENSE BOARD FOR Interpreters and Transliterators

P.O. Box 240187 Montgomery, AL 36124-0187 Phone: (334) 277-8881 Fax: (334) 277-0188

Educational Permit Renewal Application

This application is for persons who have previously held a Renewable Permit and who now provide documentation of earning 2 CEUs within the ALBIT annual cycle.

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Date of Birth: ____/____/____ **SS #** ____-____-____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: ____-____-____ **Cell Phone:** ____-____-____

Email Address: _____

Current Employer: _____

Address: _____

Please answer all questions and attach any supporting documentation

	YES	NO
1. Are you currently charged with, or ever been convicted of a felony or misdemeanor?	_____	_____
2. Do you have any physical, mental or emotional impairments that would hinder your ability to perform duties assigned in the profession ?	_____	_____
3. Are you or have you ever been addicted to alcohol or drugs?	_____	_____
4. Have you ever been treated for alcohol/substance abuse in a treatment center, hospital, or outpatient setting? If yes, give name of institution, date and length of treatment.	_____	_____
5. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action?	_____	_____
6. Have you ever voluntarily or otherwise surrendered your license or certification/ registry in any jurisdiction, state or territory?	_____	_____
7. Are you currently under investigation by any licensing board or agency?	_____	_____
8. Have you had any suits filed against you or your employer on your behalf?	_____	_____
9. Are you an Citizen of the United States of America?	_____	_____

List all credentials (MANDATORY): _____

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 that this license limits holder to provide services in specific area for which license has been issued.

Applicant Signature

Date

- You must include all of the following:**
- This **notarized** application
 - A \$125.00 Permit Fee Check # _____
 - Completed CEU form
 - Copies of Certificates of Attendance or supporting documentation of attending workshops earning 2 CEUs within this ALBIT annual cycle.
 - Proof of Citizenship

Sworn to and subscribed before me this the
 ____ day of _____, 20____

 Notary Public

My commission expires: ____/____/____