



ALABAMA LICENSURE BOARD FOR  
**Interpreters and Transliterators**

P.O. Box 240187 Montgomery, AL 36124-0187 Phone: (334) 227-8881 Fax: (334) 227-0188

**REPLACEMENT LICENSE/Permit**

**REQUEST FORM**

*\*\*\* There is a \$25.00 fee for each duplicate license/Permit requested– mail fee together with this form \*\*\**

I am requesting a duplicate  License  Permit  Nonrenewable Permit for the following reason:

Lost  Stolen  Name Change  Other

**Please note:**

1. The \$25.00 duplicate license/Permit fee (per license/Permit) is payable by check or money order only. **DO NOT SEND CASH TO THE BOARD OFFICE.**

2. If the request is due to name change a copy of your marriage license, divorce papers, or notarized document showing legal name change must be submitted together with this form.

**License / Permit #** \_\_\_\_\_ **SS #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

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

**Home Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**Credentials:** \_\_\_\_\_

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

