



ALABAMA LICENSURE BOARD FOR Interpreters and Transliterators

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

Licensure Application

This application is for persons who have never held an Interpreters or Transliterators License in Alabama and are applying for the first time for a License.

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

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

_____ Home Address: _____

****Preferred**

City: _____ State: _____ Zip Code: _____

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

Email Address: _____

Current Employer: _____

_____ Address: _____

****Preferred**

City: _____ State: _____ Zip Code: _____

Work Phone: ____-____-____ Work Fax: ____-____-____

Work Email: _____

*Information published on the ALBIT Roster for public dissemination will include Name, **Preferred Mailing Address, License or Permit and Expiration Date. All other information will remain confidential.*

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
Please list all credentials (MANDATORY):

- You must include all of the following:**
- This **notarized** application
- A \$50.00 Application fee Check# _____
- A \$175.00 Licensure fee Check # _____
- Copy of your current certified RID membership card
- Copy of your current CMP transcript
- Documentation of passing a Code of Ethics Exam

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

Notary Public
My commission expires: ____/____/____
Form valid for initial license only SB473-06-04