

2740 Zelda Rd., Box #5, Montgomery, AL 36106 Phone: (334) 277-8881 Fax: (334) 263-6115

14-Day Practice Exemption Form

Name of Practitioner:			
Address:			
City:		State:	Zip Code:
Phone:	Email:		
List all current state licenses	s or certifications and expirat	tion dates:	
Beginning date of service(s)	in Alahama		
Ending date of service(s) in .			_
			_
Name ana tocation of work:			
	488-X-1	15 Exempti	ons
14 working days per calenda or extend the allowable time	r year without a license. The F in which a person may interpr	Board, by passage et or transliterate	oreting and transliterating services for up to e of a resolution or otherwise, may establish e without a license in this state when there is the governor declares a state of emergency.
To qualify for this exemption form for approval by the Boa		r transliterator m	ust complete and submit this 14-Day work
The notification should start of this assignmen		rd's office at	least seven (7) days prior to the
I affirm that all the information ε has limitations to provide service		ein is correct, to the	e best of my knowledge. I understand this license
Appl	icant Signature		Date
			Sworn to and subscribed before me this the, 20
		_	Notary Public
			My commission expires: / /