



ALABAMA LICENSURE BOARD FOR
Interpreters and Transliterators

2777 Zelda Rd., Montgomery, AL 36106

Phone: (334) 277-8881

Fax: (334) 263-6115

Professional Deaf Permit Renewal Application

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

Date of Birth: ____/____/____ **SS #** ____ - ____ - ____ **Board use only:** _____

Home Address: _____

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

Primary Phone: ____ - ____ - ____ **Secondary Phone:** ____ - ____ - ____

Personal Email Address: _____

Current Employer: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Work Phone:** ____ - ____ - ____

Work Email Address: _____

List all credentials (Required): _____

Please answer all questions and attach any supporting documentation

YES NO

- | | | |
|--|-------|-------|
| 1. Have you ever voluntarily or otherwise surrendered your license or certification/ registry in any jurisdiction, state or territory? | _____ | _____ |
| 2. Are you currently under investigation by any licensing board or agency? | _____ | _____ |
| 3. Are you currently charged with, or ever been convicted of, a felony or misdemeanor? | _____ | _____ |
| 4. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action? | _____ | _____ |

If you answered yes to questions 1-4, please provide details on separate sheet of paper.

I affirm that all the information and documentation contained herein is correct, to the best of my knowledge. I understand this license has limitations to provide services in specific areas.

Applicant Signature

Date

You must include the following with this notarized application:

- This notarized form
- A \$125.00 Permit Renewal fee
- Copies of certificates of attendance from workshops earning 2 CEUs within this ALBIT annual cycle.

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

Notary Public
My commission expires: ____/____/____