



# ALABAMA LICENSURE BOARD FOR Interpreters and Transliterators

2777 Zelda Rd., Montgomery, AL 36106

Phone: (334) 277-8881

Fax: (334) 263-6115

## Replacement License/Permit Request Form

*There is a \$25.00 fee for each replacement License/Permit requested.  
Mail fee with this form, payable to ALBIT*

Requesting a replacement  License  Permit  Nonrenewable Permit  Limited Permit for the reason below:  
 Lost  Stolen  Name Change  New Credentials  
 Other: \_\_\_\_\_

**Please note:**

- The \$25.00 duplicate License/Permit fee is payable by check or money order only.  
**Do not send cash to the Board office.**
- If the request is due to a name change or new credentials, proof of the change must be sent in with this form.

**Ms., Mrs., Mr.** Circle one **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**License/Permit #** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Last 4 digits of SS #** \_\_\_\_\_

**Only update the information below that has changed.**

Preferred? **Home Address:** \_\_\_\_\_

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

**Primary Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Secondary Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

**Current Employer:** \_\_\_\_\_

Preferred? **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Work Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

**List new credentials:** \_\_\_\_\_

I affirm that all the information and documentation contained herein is correct, to the best of my knowledge.

\_\_\_\_\_  
Licensee or Permit Holder's Signature

\_\_\_\_\_  
Date