

2740 Zelda Rd., Box #5 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			
Please note: 1. The \$25.00 duplicate License/Permit fee is payable by check or money order only. Do not send cash to the Board office. 2. 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. First Name:	Middle Initial:	Last Name:	
License/Permit # Date of Birt	h:/_/	Last 4 digits of SS #	
Only update the information below that has changed. Home Address:			
Preferred? City: State:	Zip Code:	County:	
Primary Phone: Secondary Phone Personal Email Address:			
Current Employer:			
Preferred? Address: City: State:			
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 Signatu	ire	Date	