



ALABAMA LICENSURE BOARD FOR Interpreters and Transliterators

603 Interstate Park Drive (36109), PO BOX 302633, Montgomery, AL 36130-2633 Phone: (334) 277-8881

Apprentice 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: _____

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.

Name of College or University and Program

Name of College or University: _____
(Print or Type)

Name of Program: _____

Mailing Address: _____

Degree: _____ Anticipated Graduation Date: _____

Location of Internship site: _____
Name Address City State Zip

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

Applicant Signature

Date

- You must include the following with this notarized application:**
- No charge for this permit
 - This notarized form
 - Notarized Supervisor form
 - Most recent copy of college transcript
 - Proof of Citizenship and Signed Form

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

Notary Public
My commission expires: ____/____/____



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Apprentice Supervisor Affidavit

Apprentice Name (Please Print): _____
Last First Middle

The following section is to be completed by the Internship Supervisor:

Name of Supervisor: _____
(Print or Type) Last First Middle

Alabama License Number _____ Name of Program _____

Mailing Address: _____

Location of Internship: _____
Name Address City State Zip

Phone: () _____ Email: _____

I _____ have agreed to provide required and appropriate
supervision to _____, Intern for the period starting
_____ and ending _____
Month/Day/Year Month/Day/Year

Full Time _____ Part Time _____ Total number of hours: _____

Signature of Supervisor: _____ Date: _____

NOTARIZATION

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

Signature of Notary Public

My commission expires: _____