



ALABAMA LICENSURE BOARD FOR Interpreters and Transliterators

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

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: ____ / ____ / ____