



# ALABAMA LICENSURE BOARD FOR Interpreters and Transliterators

P.O. Box 240187 Montgomery, AL 36124-0187 Phone: (334) 277-8881 Fax: (334) 277-0188

## First Renewable Permit Application

*This application is for persons who have proof of successfully passing a code of ethics test (as approved by ALBIT) and a performance test (as approved by ALBIT) and are applying for a renewable permit for the first time.*

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SS #** \_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_**Home Address:**\_\_\_\_\_

**\*\*Preferred**

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

**Home Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Cell Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_

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

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

\_\_\_\_\_**Address:**\_\_\_\_\_

**\*\*Preferred**

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

**Work Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Work Fax:** \_\_\_\_-\_\_\_\_-\_\_\_\_

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

*Information published on the ALBIT Roster for public dissemination will include Name, **\*\*Preferred** Mailing Address, License or Permit and Expiration Date. All other information will remain confidential.*

I affirm that all the information and documentation contained herein is correct, to the best of my knowledge. I have reviewed and understand the requirements for annual renewal. I further understand that this license limits holder to provide services in specific area for which license has been issued.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please list all credentials (MANDATORY):** \_\_\_\_\_

- You must include all of the following:**
- This **notarized** application
  - A \$125.00 Permit fee Check # \_\_\_\_\_
  - Documentation of passing a Code of Ethics exam, as approved by ALBIT
  - Documentation of passing a Performance Assessment, as approved by ALBIT
  - Documentation of Continuing Education Units from the last year

Sworn to and subscribed before me this the  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_