



# ALABAMA LICENSURE BOARD FOR Interpreters and Translators

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

## First Time License Application

*This application is for persons who have never held an Interpreters or Translators License in Alabama and are applying for the first time for a License.*

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 \$175.00 Licensure fee Check # \_\_\_\_\_
  - Copy of your current RID membership card
  - Copy of your current CMP transcript
  - Documentation of passing a Code of Ethics Exam

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

\_\_\_\_\_  
Notary Public

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