

# Alabama Licensure Board for Interpreters and Transliterators

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Web site address: [www.abit.state.al.us](http://www.abit.state.al.us)

## Application for License

Check category and be sure to include all of the following within your category. Keep a copy for your records.

RID Certified		NAD Certified IV or V or Licensed Cued Language	
<input type="checkbox"/> <b>Initial (1<sup>st</sup>) Application</b> 1) Application for License and 2) \$35 application fee and 3) Copy of current RID membership card and 4) Documentation of passing a Code of Ethics exam, as approved by the ALBIT, if certified after January 1, 1995.	<input type="checkbox"/> <b>Renewable License</b> 1) Application for License and 2) \$50 application fee and 3) Copy of current RID membership card and 4) Copy of current RID CMP transcript or #5 (applicant may choose option 4 or 5.) 5) CEU form and Copies of Certificates of Attendance or other supporting documentation of applicant attending workshops earning 2 CEUs (#5 not needed if #4 is submitted) as approved by the ALBIT.	<input type="checkbox"/> <b>Initial (1<sup>st</sup>) Application</b> 1) Application for License and 2) \$35 application fee and 3) Copy of valid performance evaluation and 4) Documentation of passing a Code of Ethics exam, as approved by the ALBIT, if certified after January 1, 1995.	<input type="checkbox"/> <b>Renewable License</b> 1) Application for License and 2) \$50 application fee and 3) Copy of valid performance evaluation and 4) Completed CEU form and 5) Copies of Certificates of Attendance or other supporting documentation of Applicant attending workshops earning 2 CEUs as approved by the ALBIT.

*Please print or type all information.*

Check if Licensed Cued Language Transliterator       Check if changes in information have occurred since last application.

License # \_\_\_\_\_ Salutation (Mr./Ms., etc.) \_\_\_\_\_ SSN: \_\_\_\_\_  
 First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Hm Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Employer \_\_\_\_\_ Wk Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Confidential Information:**  Home Phone  Home Address  Email  Fax  Work Phone  Pager  
 Other (Please Specify) \_\_\_\_\_

Mail this application, fee (check or money order) and required supporting documentation to ALBIT at the above address.

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 license limits holder to provide services in specific area for which license has been issued.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

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