

Alabama Licensure Board for Interpreters and Transliterators

610 S. McDonough Street, Montgomery, Alabama 36104

Phone: 334-269-9990, ext. 10 • FAX: 334-263-6115 • E-mail: ALITBD@aol.com • Web site address www.abit.state.al.us

Application for Permit

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

Non-Renewable Provisional:	(Initial) Renewable:	(Subsequent) Renewable
<input type="checkbox"/> <i>Sign Language Permit or</i> <input type="checkbox"/> <i>Cued Language Permit</i>	<input type="checkbox"/> <i>Sign Language Permit or</i> <input type="checkbox"/> <i>Cued Language Permit</i>	<input type="checkbox"/> <i>Sign Language Permit or</i> <input type="checkbox"/> <i>Educational Sign Language Permit* or</i> <input type="checkbox"/> <i>Cued Language Permit or</i> <input type="checkbox"/> <i>Educational Cued Language Permit*</i>
1) Application for Permit and 2) \$35 application fee and 3) Three letters of recommendation from licensed interpreters verifying skill level of the applicant and 4) Documentation of a high school diploma or GED.	1) Application for renewal and 2) \$50 application fee and 3) Documentation of passing a Code of Ethics exam, as approved by the ALBIT and 4) Documentation of passing a performance assessment approved by the ALBIT and <i>(not applicable to Cued Language Renewal)</i> 5) Participation in a continuing education program as approved by the ALBIT.	1) Application for renewal and 2) \$50 application fee and 3) Completed CEU form and 4) Copies of Certificates of Attendance or other supporting documentation of applicant attending workshops earning 2 CEUs. <i>*Pursuant to HP490, if an applicant who has an Educational Permit should allow their permit to lapse, they will no longer be eligible for the Educational Permit and will lose their exempt status.</i>

Please print or type all information.

Check if changes in information have occurred since last application.

Permit # _____ 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

Other (Please Specify) _____

Mail 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 requirements for annual renewal. I further understand that permit limits holder to provide services in specific area for which permit has been issued.

Applicant's Signature

Date

Notary

Date

My commission expires: _____