



**Alabama State Department of Education
Educator Certification Section**

5215 Gordon Persons Building
Post Office Box 302101
Montgomery, AL 36130-2101

Telephone: (334) 694-4557

REQUEST FOR COMPLETION OF AN OUT OF STATE FORM

TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM. APPLICATION FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.

To request COMPLETION OF AN OUT OF STATE FORM:

- A nonrefundable fee of \$30.00 is required for form completion. The fee may be paid by money order or cashier's check made payable to the Alabama State Department of Education. The fee may also be paid through the Alabama State Department of Education Educator Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education (a \$4.00 transaction fee will be applied). Neither personal checks nor cash will be accepted. The cashier's check, money order, or a copy of the receipt verifying the confirmation number for the online payment must accompany this form.
- The out of state form to be completed must be submitted with this document.** Please be certain that the Educator Certification Section, **not** the college/university in which you completed a State-approved Educator Preparation Program, is to complete the form as all fees are nonrefundable.

ADDRESS TO WHICH THE OUT OF STATE FORM IS TO BE MAILED:

Name of Agency	To the Attention of:
Address	City, State, Zip Code

NAME IN WHICH CERTIFICATE/LICENSE/PERMIT WAS ISSUED:

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)

APPLICANT'S CURRENT MAILING ADDRESS:

Street/Apt./P.O. Box/Route and Box	City	State	ZIP Code
Cell Telephone	Home Telephone	Work Telephone	E-mail Address
()	()	()	
Social Security Number	Date of Birth (mm-dd-yyyy)		
- -	- -		

CERTIFICATE/LICENSE/PERMIT INFORMATION:

Teacher Number (if available)	Validity Period of Certificate/License/Permit (if available)	Name of Certificate Held (if available)
	_____ to June 30, _____ <i>Month/day/year</i>	
Name of Certificate Held (if available)	Name of Certificate Held (if available)	Name of License or Permit Held (if available)

Name: _____

Social Security Number: _____ - _____ - _____

CITIZENSHIP OR NATIONAL STATUS (Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491)

Yes No I declare that I am a citizen of the United States; **OR**

Yes No I declare that I am an alien lawfully present in the United States.

I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education will deny this benefit or will terminate this benefit.

I understand that in accordance with Ala. Code 1975 § 31-13-7 (h) "Any person who knowingly makes a false, fictitious, or fraudulent statement or representation in a declaration executed pursuant to subsection (g) shall be guilty of perjury in the second degree pursuant to Section 13A-10-102."

I certify that all information pertaining to this application form is true and correct.

**FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN ADVERSE ACTION
BEING TAKEN AGAINST YOUR CERTIFICATE/LICENSE/PERMIT.**

Date

Signature of Applicant