



**CHANGE OF INFORMATION NOTICE
And/Or
REPLACEMENT LICENSE REQUEST**



***Instructions:** This form is for current licensees who have had a name change, mailing address change, contact information change, employer change, or have lost their LRT Certificate and are requesting a replacement license. Change of address, name, employer, or contact information are required to be reported to the ASBRT office within thirty (30) days of the change. There is no fee for contact information updates only. For Name Change or License Replacement Requests a fee of \$25 is required. Please make check or money order payable to ASBRT. Please mail the completed form (and required fee if applicable) to: ASBRT; P.O. Box 241386; Montgomery, AL 36124-1386. Please e-mail any questions regarding this form or process to asbirt@leadership-alliance.org.*

Section 1 - Verification. List current licensee information on file below:

Last Name: _____ First Name: _____ Middle Name: _____

LRT #: _____

Section 2 - Change of Information. Complete all sections below:

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

E-mail: _____ Web Site: _____

Employment:

Name of Current Employer(s)	Address of Current Employer(s)	Current Employer(s) Phone	Position Title

If additional space is needed, record on a separate sheet of paper and attach to this form.

Section 3 - Request. Please check below the specific request(s) needed.

- Name Change - This is a request to update my official LRT record with legal name change. I have included the required \$25 fee and attached copies of at least one of the following required documents regarding legal name change (Marriage Certificate, Divorce Decree, or Court Document).
- Change of Address and/or Contact Information - I am requesting other change of information that does not require a replacement of my current license (address change, update of contact information, employer change, etc.)
- Replacement License - I have lost my license certificate or did not print my renewed certificate at the time of my renewal and am requesting a replacement license. I have included the required \$25 fee.

Section 4 - Affidavit of Applicant. Please complete your name, signature, and date below.

I, _____ acknowledge and state that all of the information supplied in this form is true and correct to the best of my knowledge, and I acknowledge that any false or untrue statements or representation made in this form may result in the revocation or denial of any license to practice court reporting granted to me and criminal prosecution to the fullest extent of the law.

Applicants Signature

Date