



ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-317-0356

E-Mail: ID.admin@idboard.alabama.gov

www.idboard.alabama.gov

APPLICATION FOR INTERIOR DESIGNER REGISTRATION

INSTRUCTIONS:

- Please read registration eligibility requirements and fee schedule before filling out application.
- A non-refundable fee of \$200.00 made payable to Alabama State Board of Registration for Interior Design shall accompany this application.
- Application shall be signed and dated.
- This application shall be completed in its entirety.
- Please type or print clearly in black ink.

SECTION I: PERSONAL INFORMATION		
NOTE: The Code of Alabama 1975, sec. 30-3-194 "Alabama Child Support Act of 1997" requires all applicants to provide social security number.		
First Name:	Middle/Maiden Name:	Last Name:
Social Security Number:	Preferred Mailing Address: <input type="checkbox"/> Residence <input type="checkbox"/> Business	

NOTE: The Code of Alabama 1975, sec. 30-3-194 "Alabama Child Support Act of 1997" requires all applicants to provide social security number

RESIDENCE	Mailing Address:		
	City:	State:	Zip Code:
	Phone Number:	E-Mail Address:	
BUSINESS	Business Name:	Position or Title:	
	Mailing Address:		
	City:	State:	Zip Code:
	Phone Number:	Fax Number:	

SECTION II: PROFESSIONAL INFORMATION

Have you previously applied to the Alabama State Board of Registration for Interior Design?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you passed the NCIDQ exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", Date Passed:	Identification Number:

NOTE: Please instruct NCIDQ to submit examination passage verification directly to the Board. Application is not complete until the verification is received. Original document is required. No copies.

Have you ever had a license revoked, suspended or otherwise sanctioned by any Board or agency in Alabama or any other state? If "Yes", attach copy of the order.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked under the guidance of an NCIDQ certified designer? If Yes, please list them and their contact information	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name:	Phone:
Name:	Phone:

For Board Use Only
Date Received:

SECTION III: OTHER

Have you ever been convicted of a felony? If "Yes", attach copy of conviction and documentation of disposition. Yes No

Have you ever violated the state controlled substances act? If "Yes", attach copy of conviction and documentation of disposition. Yes No

SECTION IV: EDUCATION

NOTE: One official copy of all college transcripts and/or technical school records must be sent directly from institution. Application is not complete until records are received. Original document required. No copies.

Although not a requirement, are you a graduate of a CIDA formerly known as FIDER) accredited interior design program? Yes No

College/Univ.	Name of School		Complete Address	
	From Mo./Yr.	To Mo./Yr.	Degree Received:	Total Years:

College/Univ.	Name of School		Complete Address	
	From Mo./Yr.	To Mo./Yr.	Degree Received:	Total Years:

Tech./Prof.	Name of School		Complete Address	
	From Mo./Yr.	To Mo./Yr.	Degree Received:	Total Years:

SECTION IV: Please read completely and sign below.

I acknowledge and affirm that I have not practiced nor offered to practice interior design. I have not used any of the following terms and titles "interior design", "interior designer", "interior design services," and "interior design consultant", and I have not advertised interior design services in violation of Code of Alabama §34-15B-1 et. Seq. I hereby apply for registration in the State of Alabama as an Interior Designer. I acknowledge and affirm that the accuracy of information given in this application is accurate and true and authorize the Board to investigate any and all statements made herein.

Signature: _____ Date: _____

MAIL TO:
ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN
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<p>For Board Use Only Date Received:</p>
