



Reinstatement Procedures

An interior designer who was previously registered in Alabama can have her/his registration reinstated by applying directly to the Board.

The following items are required for reinstatement of your registration in Alabama:

- 1) A completed *Application for Reinstatement*.
 - a. *Lapsed Registration Only Application* - for those whose registration lapsed or expired due to non-renewal; OR
 - b. *Revoked or Suspended Registration Only Application* - for those whose registration had been revoked or suspended due to a violation.
- 2) Proof of citizenship; if not already provided. (See *Proof of Citizenship for Registration, Reinstatement, or Renewal sheet*.)
- 3) A completed *CEU Reporting Form - Reinstatement Only*. List 10 structured Health, Safety and Welfare continuing education hours earned between October 1st of last year and the date on which you apply for reinstatement. The 10 hours must follow the guidelines as established in the Administrative Code 485-X-5 (can be found on our website www.idboard.alabama.gov).
- 4) A check made payable to Alabama Board for Registered Interior Designers:
 - a. *Lapsed Registration* - in the amount of \$460.00; this amount includes the \$300.00 reinstatement application fee, and \$160.00 registration renewal fee.
 - b. *Revoked or Suspended Registration* - in the amount of \$560.00; this amount includes the \$400.00 reinstatement application fee, and \$160.00 registration renewal fee.

After completing the forms, please mail all items to the Board's address as indicated on the application. Upon receipt of the information your application will be reviewed and a decision made as soon as possible; however, if an in-depth review by the Board is required it will take a significantly longer period of time.

ALABAMA BOARD FOR REGISTERED INTERIOR DESIGNERS

Mailing: 211 Lockridge Lane ■ Riverside, AL 35135 ■ 205-317-0356

Physical: 208 20th St N ■ Birmingham, AL 35203

E-Mail: id.admin@abrid.alabama.gov

www.abrid.alabama.gov



APPLICATION FOR REINSTATEMENT

Lapsed/Expired Registration Only

INSTRUCTIONS:

- A non-refundable fee in the amount of \$460.00, made payable to Alabama State Board of Registration for Interior Design, shall accompany this application. Fees are as follows: Reinstatement Application Fee - \$300.00 and Annual

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 Last Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number:
RESIDENCE	Mailing Address:	Preferred Mailing Address: <input type="checkbox"/> Residence <input type="checkbox"/> Business	
	City State Zip:		
	Phone Number:	E-Mail Address:	
BUSINESS	Business Name:	Position or Title:	
	Mailing Address:		
	City State Zip:		
	Phone Number:	Fax Number:	

SECTION II: EXPLANATION OF EXPIRATION

Please explain the circumstances and reasons for the expiration of your license, as well as any other pertinent information. Use a separate sheet if needed

SECTION III: DEMOGRAPHIC INFORMATION

This information will be used solely for statistical purposes.

Age:	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 60-over	<input type="checkbox"/> Prefer not to say
Race:	<input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say					
Employment:	<input type="checkbox"/> Self-employed <input type="checkbox"/> Architecture Firm <input type="checkbox"/> Interior Design Firm <input type="checkbox"/> Other: _____					
Primary type of design practice (Residential, Commercial, Hospitality, etc.):						
Is this your first profession or second profession?				<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other		

SECTION IV: AFFIDAVIT AND NOTARIZATION

**If answer to any of the following questions is "yes", please attach a detailed explanatory statement.

Have you or any agent of your firm represented yourself as a Registered Interior Designer in this State prior to having been registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been disciplined by any occupational licensing board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under investigation by any occupational board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your registration been denied, suspended or revoked in any jurisdiction/state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you surrendered or allowed a registration to lapse in any jurisdiction/state due to any action pending or threatened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you signed any legal document that settles a dispute of charges against you brought by a registration or licensing board or Court of Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been found by a Court or Registration or Licensing Board to have violated the registration laws of any jurisdiction/state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into a negotiated settlement with regard to professional or occupational registration laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony, any crime involving moral turpitude, a misdemeanor involving fraud, deceit or misrepresentation or been convicted of any crime other than a minor traffic violation in any jurisdiction/state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any felony or criminal charges now pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>The applicant agrees as follows:</p> <p><input type="checkbox"/> I will not represent myself as a Registered Interior Designer in this state until this application is approved and registration has been granted by this board.</p> <p><input type="checkbox"/> No agent of my firm will represent me as a Registered Interior Designer in this state until this application is approved and registration has been granted by this board.</p> <p><input type="checkbox"/> I have read the Alabama Interior Design Registration Act of 2010 and the Administrative Code for this Board, and I am qualified to apply for registration.</p> <p><input type="checkbox"/> I acknowledge that making a false statement to the above questions may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.</p>	

AFFIDAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon oath deposes and says that he/she is the person making the foregoing statements, and that they are made in good faith and are true in every respect.

Signature _____

Date _____

STATE OR COUNTRY OF: _____

COUNTY OF: _____

Sworn by the applicant _____

on the _____ day of _____, 20____

SEAL:

Before me, _____

(Notary Public or other officer qualified to take oaths)



APPLICATION FOR REINSTATEMENT

Revoked/Suspended Registration Only

INSTRUCTIONS:

- A non-refundable fee in the amount of \$460.00, made payable to Alabama State Board of Registration for Interior Design, shall accompany this application. Fees are as follows: Reinstatement Application Fee - \$300.00 and Annual

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 Last Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number:
RESIDENCE	Mailing Address:	Preferred Mailing Address: <input type="checkbox"/> Residence <input type="checkbox"/> Business	
	City State Zip:		
	Phone Number:	E-Mail Address:	
BUSINESS	Business Name:	Position or Title:	
	Mailing Address:		
	City State Zip:		
	Phone Number:	Fax Number:	

SECTION II: EXPLANATION OF REVOCATION OR SUSPENSION

Please explain the circumstances and reasons for the revocation or suspension of your registration, as well as any other pertinent information. Use a separate sheet if needed

SECTION III: DEMOGRAPHIC INFORMATION

This information will be used solely for statistical purposes.

Age:	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 60-over	<input type="checkbox"/> Prefer not to say
Race:	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	
Employment:	<input type="checkbox"/> Self-employed <input type="checkbox"/> Architecture Firm <input type="checkbox"/> Interior Design Firm <input type="checkbox"/> Other: _____					
Primary type of design practice (Residential, Commercial, Hospitality, etc.):						
Is this your first profession or second profession?				<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other

SECTION IV: AFFIDAVIT AND NOTARIZATION

**If answer to any of the following questions is "yes", please attach a detailed explanatory statement.

Have you or any agent of your firm represented yourself as a Registered Interior Designer in this State prior to having been registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been disciplined by any occupational licensing board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under investigation by any occupational board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your registration been denied, suspended or revoked in any jurisdiction/state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you surrendered or allowed a registration to lapse in any jurisdiction/state due to any action pending or threatened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you signed any legal document that settles a dispute of charges against you brought by a registration or licensing board or Court of Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been found by a Court or Registration or Licensing Board to have violated the registration laws of any jurisdiction/state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into a negotiated settlement with regard to professional or occupational registration laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony, any crime involving moral turpitude, a misdemeanor involving fraud, deceit or misrepresentation or been convicted of any crime other than a minor traffic violation in any jurisdiction/state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any felony or criminal charges now pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>The applicant agrees as follows:</p> <p><input type="checkbox"/> I will not represent myself as a Registered Interior Designer in this state until this application is approved and registration has been granted by this board.</p> <p><input type="checkbox"/> No agent of my firm will represent me as a Registered Interior Designer in this state until this application is approved and registration has been granted by this board.</p> <p><input type="checkbox"/> I have read the Alabama Interior Design Registration Act of 2010 and the Administrative Code for this Board, and I am qualified to apply for registration.</p> <p><input type="checkbox"/> I acknowledge that making a false statement to the above questions may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.</p>	

AFFIDAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon oath deposes and says that he/she is the person making the foregoing statements, and that they are made in good faith and are true in every respect.

Signature _____

Date _____

STATE OR COUNTRY OF: _____

COUNTY OF: _____

Sworn by the applicant _____

on the _____ day of _____, 20____

SEAL:

Before me, _____

(Notary Public or other officer qualified to take oaths)

CEU REPORTING FORM - Reinstatement Only

INSTRUCTIONS:

- List all CEU activity as established in the Administrative Code in which you participated since last October 1st that can be used for continuing education credit. Duplicate this form if more blocks are needed.
- A minimum of 10 hours is required, all of which must conform to the requirements in the Administrative Code.

First Name | Middle | Last Name:

Social Security Number:

Date of Course	Complete title of Course OR Type of CEU Credit/Description	Number of Hours	Check One		Codes & Standards Course?
			In-Class	Self Dir./ Online	
Total					

☐ Yes ☐ No

Have you been charged, arrested, convicted, found guilty or pleaded "nolo contendere" to any criminal offense since the filing of your last renewal application (excluding traffic

☐ Yes ☐ No

Have you been investigated, charged, or disciplined since the filing of your last renewal application? If "yes" submit details.

☐ Yes ☐ No

Are you currently under investigation by a governing or licensing board OR by a state or federal agency? If "yes" submit details.

I certify that I have read and understand the *Alabama Interior Design Registration Act of 2010*. I acknowledge and affirm that I have completed the continuing education hours as required by the Alabama Board for Registered Interior Designers, and I affirm and acknowledge that the accuracy of information given in these forms is true and correct and authorize the Board to investigate any and all statements made herein.

Signature:

Date:

For Board Use Only | Date Received: