ALABAMA BOARD FOR REGISTERED INTERIOR DESIGNERS

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

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

F-Mail: ID ADMIN@ABRID ALARAMA GOV



WWW.IDBOARD.ALABAMA.GOV

APPLICATION FOR INACTIVE STATUS

INSTRUCTIONS:

- Application shall be accompanied by a non-refundable fee of \$35.00. Check made payable to Alabama Board for Registered Interior Designers
- This application shall be completed in its entirety, including signature and date.
- Inactive status must be in force for a period of not less than six months before reactivation may be requested.

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:			Social Security Number:			
RESIDENCE	Mailing Address:	Preferred	Mailing Address: ☐ Residence ☐ Busines] Business
	City State Zip:					
	Phone Number:	E-Mail Addre	ldress:			
BUSINESS	Business Name:	Position or 1	r Title:			
	Mailing Address:					
	City:	State:			Zip Code:	
Ш	Phone Number:	Fax Number	r:			
SECTION II: CITIZENSHIP						
Are you a citizen of the United States of America, or are you legally present.						
SECTION III: REASON FOR INACTIVE STATUS Please briefly explain your reason(s) for requesting inactive status.						
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SECTION IV: Please read completely and sign below.						
I acknowledge that although granted inactive status, I shall be prohibited from using the title Registered Interior Designer and the appellation RID.						
I hereby request inactive status as a Registered Interior Designer in the State of Alabama. I understand that I can apply for active registration by completing, and submitting, an Application for Reactivation, and will be reactivated only after obtaining approval of the Board. I understand that I will not be listed with the State, will not be listed in any rosters or other publications produced by the Board, and cannot exercise the privileges of active registration. When requesting reinstatement, I shall be required to pay the entire annual fee for the full year and shall comply with all other requirements.						
Sigi	ignature: Date:					

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