

2. Signature of Applicant: _____

SECTION C: CITIZENSHIP

CITIZENSHIP This section to be completed in compliance with Ala. Code § 34-14A-7 and Ala. Code § 31-13-7.

I declare under penalty of perjury, under the laws of the State of Alabama that all statements contained in this application, and any accompanying documents, is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of my license or application.

This section must be completed by the individual responsible in charge or if the responsible in charge is an incorporation, limited Liability Company, or partnership by the responsible in charge.

1. Are you a citizen of the United States?

Yes No If "yes," please read the declaration below, sign, and continue to section 2.

If "no," see question 2 below.

PROVIDE PROOF OF CITIZENSHIP BY SUBMITTING ONE OF THE ITEMS LISTED ON ATTACHMENT

I hereby declare that I am a citizen of the United States of America and, I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

Signature of Applicant

Date

-OR-

2. If you are not a citizen of the United States, are you an alien who is lawfully present in the United States of America?

Yes No If "yes," please read the declaration below and sign.

PROVIDE PROOF OF LAWFUL PRESENCE BY SUBMITTING ONE OF THE ITEMS LISTED ON ATTACHMENT

I hereby declare that I am an alien lawfully present in the United States of America.

I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

Signature of Applicant

Date

SECTION D: FEES AND PAYMENT

To Change from Inactive to Active please include \$165.00 appropriate fees. You may pay by Check or Credit Card. (Master Card or Visa only)

Credit Card Number

Exp Date

Card Holder Signature

DATE RECEIVED:

CHECK NO:

AMT: