



## APPLICATION TO PROVIDE INTERPRETER SERVICES

The Department of State reserves the right to approve or deny this application or to remove your name from the active interpreter list (for permanent interpreter requests) at any time. As a condition of approval, a Department of State representative may, at any time, monitor a test(s) you give to determine your suitability to interpret in the language.

<b>Interpreter Request Type</b>	
<input type="checkbox"/> <b>One-Time-Only (Complete Part 1 below &amp; sign)</b>  <input type="checkbox"/> <b>Permanent (Complete entire application &amp; sign)</b>	<p>All applications for <b>ONE-TIME-ONLY</b> interpreter must include: completed and signed application to provide interpreter services.</p> <p>All applications for <b>PERMANENT</b> interpreter must be submitted with:</p> <ol style="list-style-type: none"> <li>1. Completed and signed application to provide interpreter services</li> <li>2. Two written (legible) letters of recommendation</li> </ol>

<b>Part 1: Applicant Information</b>				
Full Name	First	Middle	Last	Date of Birth
Address of Residency (Street, City, State, Zip)				
Home Phone		Business Phone		Email Address
<input type="checkbox"/> Male <input type="checkbox"/> Female		Michigan Driver's License or Identification Card Number:		

<b>Part 2: Reference Information</b>		
Applicant's Current Employer		
Address		City
Zip Code	Supervisor Name	Phone Number

<b>Part 3: Other Related Information</b>
<p>Are you affiliated with an organization which provides interpreter services to clients or the general public?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No    Organization Name: _____ Contact Phone No. _____
<p>Do you regularly interpret for courts, administrative hearings, other legal entities or service organizations? If yes, please list courts on the back side of this form.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
For which language(s) are you able to provide interpreter services?
What general area or Secretary of State office(s) are you willing to cover?

<p><b>CERTIFICATION</b></p> <p>My signature certifies that I request to serve as a volunteer interpreter for the administration of driver's license tests for the Michigan Department of State. All information provided on this application is true to the best of my knowledge. I will not charge money or accept other compensation for providing this service. I further agree I will not coach or otherwise assist the driver's license applicant on correct responses to driver's license test questions. I authorize the Department of State to obtain a background check of criminal convictions to be considered for placement on the permanent interpreter list.</p> <p>_____</p> <p>Signature of Applicant</p> <p>_____</p> <p>Date</p>	<p>Mail or fax completed form to:</p> <p>Michigan Department of State Investigation Support Section PO Box 30708, Lansing, MI 48909 Phone: (517) 335-0991 Fax: (517) 373-8766</p>
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