



Office for Deaf and Hard of Hearing Services (DHHS)
Court Interpreter Five-Year Certificate Renewal

HHS DHHS will use the information provided in this form to obtain criminal conviction records.

Certificate Holder Information

Certificate holder:		Birth date:	Maiden name:		
BEI certification number:		Certification level:			
Address:	City:	State:	ZIP code:	County:	

Contact Information

Daytime phone number:	Email address:
Cell phone number (optional):	Video phone number:

Fee and Submittal Instructions

Select one:	Enclose fee:
<input type="checkbox"/> Renewal fee if paid before the expiration date.	\$50
<input type="checkbox"/> Renewal fee if paid 1 to 90 days after the expiration date.	\$75
<input type="checkbox"/> Renewal fee if paid 91 to 364 days after the expiration date.	\$100

1. Enclose a check or money order payable to HHS DHHS for the appropriate fee.
2. Attach copies of workshop certificates of attendance, RID CMP, or official college transcripts.
3. Mail this form, documentation, and fee to HHS DHHS.

Certification

I certify that all information submitted on this application is true and correct.

X	
_____ Certificate holder's signature:	_____ Date (mm/dd/yy):