



**MISSOURI OFFICE OF STATE COURTS ADMINISTRATOR
FOREIGN LANGUAGE COURT INTERPRETER
CERTIFICATION APPLICATION**

Please print clearly. This form must be completed in full regardless of any resume you may wish to attach.

IDENTIFICATION			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Last Name	First Name	Middle Initial
Mailing Address (Street, City, State Zip)			
Telephone Home: _____ Cell: _____		E-mail	
City & Country of Birth	Date of Birth	Social Security Number	

PERSONAL DATA		
Languages known best in order of written knowledge		
1 _____	2 _____	3 _____
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe the nature and date of offense.		
How did you hear of this certification process?		

EDUCATIONAL BACKGROUND (Enter <u>complete</u> data from elementary school to college/university)			
DATES	CITY, COUNTRY	LANGUAGE OF INSTRUCTION	SPECIFY NAME OF CERTIFICATE, DIPLOMA, OR DEGREE OBTAINED

WORK EXPERIENCE IN TRANSLATION/INTERPRETING			
DATES	COMPANY	CITY, COUNTRY	DESCRIPTION

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected and I will not be able to continue with the interpreter certification program.

Signature

Date: _____ / _____ / _____
month day year

Please return this application, background investigation authorization and a check or money order made payable to the State of Missouri in the amount of \$260.00 to Office of State Courts Administrator, Attn: Interpreter Certification, 2112 Industrial Drive, P. O. Box 104480, Jefferson City, MO 65110.



Office of State Courts Administrator Authorization for Background Investigation

The Office of State Courts Administrator requires that applicants for certification as a court interpreter submit to a criminal background investigation by the Missouri State Highway Patrol and the FBI. This information is confidential and will not be used for any other purpose.

I hereby authorize the Office of State Courts Administrator to obtain criminal background information on me from the Missouri State Highway Patrol and the FBI and do hereby release all present or past employers, law enforcement agencies and other persons having personal knowledge about me to answer all questions asked concerning my previous employment record, character and criminal history. I understand that my application for certification as court interpreter with the Office of State Courts Administrator may be conditioned upon the results of the criminal background investigation.

Applicant's Name: _____

Applicant's Address: _____

City/ State/ Zip: _____

Phone Number: _____

Date of Birth: _____ **Social Security No:** _____

Driver's License No. and State: _____

Have you ever been convicted of any crime other than minor traffic violations? Yes _____ No _____

If yes, give details below:

Crime Charged: _____

Court: _____ **Disposition of Case:** _____

Have you ever been known under another name? Yes _____ No _____

If yes, state name: _____

I hereby certify that all statements on this authorization are true and correct to the best of my knowledge. I understand that any willful misrepresentations, false statements or omissions of facts shall be grounds for my application to be rejected and may disqualify me from future considerations.

Applicant's Signature: _____ **Date:** _____