STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR TEMPORARY/FULL LICENSURE

PRE-LICENSE NUMBER	FEE AMOUNT	DEPOSIT DATE	LICENSE NUMBER

INSTRUCTIONS

PLEASE MARK THE APPROPRIATE BOX FOR THE TYPE OF LICENSURE THAT YOU ARE APPLYING FOR:

☐ TEMPORARY LICENSURE – SUBMIT COMPLETED APPLICATION AND $25.00
☐ FULL LICENSURE – SUBMIT COMPLETED APPLICATION AND $75.00

RETURN TO: **STATE COMMITTEE OF INTERPRETERS**
P.O. BOX 1335
JEFFERSON CITY, MO 65102-1335
TELEPHONE: 573/526-7787
E-MAIL ADDRESS: interpreters@pr.mo.gov
WEB: pr.mo.gov/interpreters.asp

STOP If you already hold or have ever held a Missouri Interpreter License, please contact the office before completing this application

- This form must be typewritten or printed legibly in **BLACK INK.**
- The applicant must complete side 1 and 2 of the form. Omitted information will delay review of the application.
- Enclose the **application fee** made payable to the State Committee of Interpreters. Payment must be made in the form of a check or money order. Please do not send cash. **All fees are non-refundable.**
- Include a completed Social Security Disclosure Notice Form and copies of all certifications and licenses listed in Section II.

SECTION I – APPLICANT INFORMATION

1. NAME (LAST, FIRST, MIDDLE, SUFFIX)	2. MAIDEN (IF APPLICABLE)	E-MAIL ADDRESS (PERSONAL)

3. SOCIAL SECURITY NUMBER*	4. DATE OF BIRTH (MONTH/DAY/YEAR)		
5. STREET ADDRESS (IF PO BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)	6. CITY	7. STATE	8. ZIP CODE
9. CURRENT PLACE OF EMPLOYMENT (IF APPLICABLE)	10. E-MAIL ADDRESS (BUSINESS)		
11. EMPLOYMENT ADDRESS (IF APPLICABLE)	12. CITY	13. STATE	14. ZIP CODE
15. HOME TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)	16. CELL NUMBER (PLEASE INCLUDE AREA CODE)		

SECTION II – CERTIFICATIONS/OTHER STATE LICENSES

Provide a copy of each certification card and license. Request license verification from each other state(s) of licensure listed in #3 below.
Attach a separate sheet of paper if additional lines are needed.

1. MISSOURI COMMISSION FOR THE DEAF AND HARD OF HEARING (MCDHH) CERTIFICATION(S):

Certification Level: _____ Issue Date: _____

Certification Level: _____ Issue Date: _____

2. NATIONAL CERTIFICATION(S):
Note: Missouri does not accept either the RID CI certification or the RID CT certification by itself; these RID certifications are only accepted when both the CI and CT certifications are held.

Certification Level: _____ Issue Date: _____

Certification Level: _____ Issue Date: _____

3. OTHER STATE LICENSE(S):

State: _____ Issue Date: _____ Status: _____

State: _____ Issue Date: _____ Status: _____

SECTION III – EDUCATION

COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL	CITY	STATE	APPROXIMATE DATES ATTENDED FROM	TO	DEGREE OR CERTIFICATE AWARDED	MAJOR COURSE OF STUDY

SECTION IV – MILITARY

1. Have you or an immediate family member ever served in the U.S. Armed Forces? ☐ Yes ☐ No

2. If yes, would you like information about military-related services in Missouri? ☐ Yes ☐ No

***See enclosed Social Security Number Disclosure Notice. This form must be completed and returned with this application.**

SECTION V — APPLICANT INFORMATION PART II

AN APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" OR CHECK MARK IN THE APPLICABLE BOX. IF ANY QUESTION IS ANSWERED "YES", AN APPLICANT MUST PROVIDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER AND INCLUDE IT WITH THE APPLICATION.

1. Have you ever been issued a license, certification, registration or permit by any state, United States Territory, province or country? If yes, please list state, territory, province or country, type of license with license number, status of license, and your name as it appears on the license. _____ _____ ☐ YES ☐ NO

2. If you ever held or applied for a license, certification, registration, or permit for interpreting in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed or voluntarily surrendered under any circumstances? ☐ YES ☐ NO

3. Have you ever been convicted, adjudged guilty by a court, pleaded guilty or pleaded nolo contendere in any criminal prosecution whether or not sentence was imposed? ☐ YES ☐ NO

4. Have you ever been named as a defendant in a civil suit involving the practice of interpreting? ☐ YES ☐ NO

5. Are there any pending complaints against you before any regulatory board or agency in Missouri or any state? ☐ YES ☐ NO

6. Do you have a medical condition that in any way impairs or limits your ability to perform the duties of an interpreter with reasonable skill and safety? ☐ YES ☐ NO

7. Do you currently, or did you within the past five years, use any prescription drug, illegal chemical substance, or alcohol, to the point where your ability to competently practice as an interpreter could be affected? ☐ YES ☐ NO

SECTION VI – STATEMENT OF APPLICANT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a interpreter in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit in consideration this application as required by the Missouri law governing the practice of interpreting and subject to the rules and regulations of the Missouri State Committee of Interpreters. I subscribe and agree to abide by all applicable laws and rules regarding the practice of interpreting. I hereby certify that I have familiarized myself with the interpreter law and applicable rules promulgated by the State Committee of Interpreters and Missouri Commission for the Deaf and Hard of Hearing.

I understand the application fee is not refundable and that the State Committee may require further information or evidence that it deems reasonable and proper in approving this application for licensure.

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

DATE	**APPLICANT'S SIGNATURE**	
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	