

REQUEST FOR TRANSLATOR APPROVAL FORM

(A translator is defined as one who reads an English version of the examination and translates it orally into another language. The translator must read only what is written without providing any definitions or other assistance to the candidate.)

CANDIDATE INFORMATION	
Candidate's Full Legal Name (First, Middle, Last)	Candidate's Social Security Number
Candidate's Mailing Address	City, State ZIP Code
Exam Type (example: Barber Theory, Manicurist Theory)	Language Translation
Candidate's Phone Number	Candidate's Email

CANDIDATE CERTIFICATION

By signing below, I certify that the information on this form is accurate and true to the best of my knowledge.

Candidate's Legal Signature

Date

TRANSLATOR INFORMATION	
Name of Translation Company (must be pre-approved by our office)	Business/Mailing Address
City, State ZIP Code	Telephone Number
Translator's Full Legal Name (First, Middle, Last)	Fee Amount Charged to Candidate \$

TRANSLATOR CERTIFICATION

By signing below, I certify that:

1. All information provided on this form is accurate and true to the best of my knowledge.
2. I will accept no fees or compensation other than that set by the organization I represent.
3. I understand that I will read only the questions and options and will not provide any definitions, explanation, or other assistance to the candidate.
4. I will maintain the confidentiality of the examination.
5. I am not currently enrolled or have ever been enrolled in a barber, barber instructor, cosmetologist, cosmetologist instructor, esthetician, manicurist, natural hair culturist, or electrologist class or trained as an apprentice in any of these fields.
6. I do not currently hold nor have I ever held a license as a barber, barber instructor, cosmetologist, cosmetologist instructor, esthetician, manicurist, natural hair culturist or electrologist.
7. I understand that violating the confidential nature of the licensing examination can result in severe civil or criminal penalties.
8. I understand I can only translate for each exam type twice in a six month time period.

Translator's Printed Name

Translator's Signature

Date