



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

## MICHIGAN QUALIFIED INTERPRETERS NAME CHANGE OR REPLACEMENT CARD APPLICATION

Type or Print Clearly

First Name	Middle Name	Last Name	
Maiden/Previous Name			
Address			
City	State	Zip Code	County
Telephone Number (Required)		Email Address (Required)	
<b>CHECK THE TYPE OF REPLACEMENT CARD</b>		<b>FOR OFFICE USE ONLY</b>	
Name Change <span style="float: right;"><b>\$10.00</b> 7301-32</span>  <b>OR</b>  Original card was lost/stolen or destroyed <span style="float: right;"><b>\$10.00</b> 7301-32</span>		ID # _____	Processed: _____
*Payment is \$10.00 for each replacement card.  Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> , must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.			

LARA/BPL-INTERPRETER REPLACEMENT (9/18)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**REQUIRED DOCUMENTATION**

**For name change, please check one of the following and provide the appropriate documentation:**

Copy of Marriage License

Copy of Divorce Decree

Copy of Court Order

**INSTRUCTIONS**

Please send your application form, applicable fees (check or money order payable to the State of Michigan), and all supporting documentation through US Mail to:

Department of Licensing and Regulatory Affairs  
Bureau of Professional Licensing - Interpreters  
PO Box 30670  
Lansing MI 48909

**SIGNATURE**

I attest that all information provided in this application is accurate and true. I also verify that I am requesting a replacement card because the original has my previous name and/or was lost, stolen, or destroyed. I also understand that all fees are non-refundable.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date