

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Professional Licensing
 Licensing Division - Prelicensure Section
 P.O. Box 30670, Lansing, MI 48909
 Phone: 517-373-8068, Fax: 517-335-2044

TRANSLATION COMPANY APPLICATION FOR APPROVAL TO PROVIDE SERVICES

Translation companies must be bona fide translation firms. Each company applying to serve in this capacity must meet certain criteria listed below. Approval of your application must be completed prior to your organization providing a translator for a licensing exam. The Department of Licensing & Regulatory Affairs reserves the right to approve, deny, or suspend any application.

CHECKLIST - Send all of the following items to the address listed above.

- Application
- Brochure of services provided
- Price List

Name of Translation Company _____

Type of Business

Sole Proprietor - D/B/A Name: _____

(Attach the filed, date-stamped Certificate of Assumed Name issued by the County Clerk's Office)

Corporation or Limited Liability Company (LLC) - Identification #: _____

Registered Name: _____

Assumed Name (If applicable): _____

Street Address of Location

City, State ZIP Code

Mailing Address (if different than above)

City, State ZIP Code

Business Telephone Number (including area code)

E-Mail Address

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Number of Years in Business

Business Hours

Website Address

Name of Owner/Officer

Telephone Number

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Contact Name and Title

Telephone Number

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I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application.

 Print Name of Owner/Officer

 Signature of Owner/Officer

 Date

