

STATE OF MICHIGAN MECHANIC TEST TRANSLATOR AGREEMENT

SECTION 1: To be completed by the **Test Applicant**. Please print.

Applicant's Last Name	First Name	Middle Name
Street Address		City, State, Zip
Driver License or Personal ID No.		Daytime Telephone No.
Social Security Number		Email Address
Must Select One Reason Below: <input type="checkbox"/> English is my first language, but I need assistance reading the Mechanic tests. <input type="checkbox"/> English is not my first language and I need assistance translating the Mechanic tests.		

I understand that the translator must be a person who has never been involved in the field of automotive repair or any related occupation. I hereby certify that the information contained in the agreement is true and correct to the best of my knowledge.

Applicant's Signature

Date

CHEATING POLICY

Cheating is defined, as any activity, behavior, or procedure that an applicant employs that would enable him/her to pass an examination by dishonest, fraudulent, or deceitful means. Examples of cheating would be, but are not limited to:

- Using electronic devices during the examination,
- Using prepared notes during the examination,
- Discussing the examination with others prior to completing the examination,
- Referring to textbooks or having someone take the examination for the applicant.

There is absolutely no cellular phone or other electronic item usage allowed during testing. Taking pictures of the test screen or taking notes of the test questions or content is not permitted. Anyone found using a cellular phone or other electronic device while testing may be suspended from testing and/or denied licensure.

Communicating test content is a violation of test security and may result in denial of licensure. Any applicant seen giving or receiving assistance, or communicating with anyone other than their approved interpreter, or branch office staff, will be assumed to be cheating.

Applicants who are suspected of cheating will be removed from the examination by the test monitor, suspended from testing for 60 days, and may be denied licensure or credit for tests taken.

The use of electronic devices during testing are prohibited!

(OVER)

SECTION 2: To be completed by the **Translator.** Please print.

Translator's Last Name	First Name	Middle Name
Street Address	City, State, Zip	
Driver License or Personal ID No.	Daytime Telephone No.	
Social Security Number	Email Address	

Having been designated by the Test Applicant listed on this Agreement to act as Translator during the written portion of the examination(s) listed, I do HEREBY AGREE:

- I have never been enrolled as a student in an automotive program;
- I am not, and have never been engaged in the automotive repair industry in any capacity;
- I will not use any reference material to aid the applicant, with the exception of word-to-word translation dictionary;
- I will present an official, signed, photographic identification at the examination site;
- The secure and confidential nature of this examination and will not reveal the contents to anyone;
- I will ONLY read the examination or translate examination content, as written, into the approved language for the applicant and I will not provide any further information or guidance;
- That any examination requiring verbal translation into a foreign language may be recorded, and I hereby give my consent to this procedure;
- That if it is determined that any of the information furnished is false in material respect, it may void the applicant's test results;
- That any breach of this agreement may revoke my privilege of participating in future examinations as well as void the applicant's test results.

I hereby certify under the penalty of perjury as defined pursuant to Act 328 of the Public Acts of 1931, as amended, being Section 750.423 of the Michigan Compiled Laws, that I have read the foregoing and that the information contained therein is true and correct.

Signature of Translator Date

Signature of Applicant Date

You may return this form by mail to:

Or, you may return this form by email to:

Michigan Department of State
Business Licensing Section
Lansing, MI 48918

Licensing@michigan.gov

For Departmental Use Only

Reviewed By	Date	<input type="radio"/> Accepted <input type="radio"/> Declined – Give Reason Below
Declined Reason		