



STATE OF MISSOURI  
 BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)  
 APPLICATION FOR MILITARY WAIVER

Missouri Commission for the  
 Deaf and Hard of Hearing  
 3216 Emerald Lane, Suite B  
 Jefferson City, MO 65109

**PURPOSE OF FORM:** This form is to be used to apply for a Military Waiver in the Missouri Interpreters Certification System (MICS).

**INSTRUCTIONS:** Return the completed form, along with proof of active duty status, to MCDHH, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109.

**I. APPLICANT INFORMATION**

NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)		SOCIAL SECURITY NUMBER
ADDRESS:		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS	

**II. TYPE OF WAIVER REQUEST**

I am requesting a waiver for CEUs because circumstances associated with military duty prevent me from obtaining such training.

I have performed sign language interpreting as part of my active military duties, as annotated in Defense Department Form 214 (DD 214).

**III. PROOF OF ACTIVE DUTY STATUS**

I have attached official documentation of the dates of my active duty status.

**IV. AFFIDAVIT OF APPLICANT**

I, the above-named applicant, being first duly sworn upon my oath, state as follows:  
 I have personally completed the foregoing application truthfully, completely and without omission;  
 The information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;  
 I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and  
 I make this affidavit knowingly, and any false statement or material omission herein subjects me to criminal penalties under section 575.050 RSMo

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF APPLICANT	DATE
Notary Public Embossed Seal Or Stamp	STATE	COUNTY (Or City Of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20	
	NOTARY PUBLIC SIGNATURE	My Commission Expires
	NOTARY PUBLIC NAME (Typed Or Printed)	

**FOR OFFICE USE ONLY**

Date Received	Received By
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