



STATE OF MISSOURI  
 BOARD FOR CERTIFICATION OF INTERPRETERS  
 (BCI)  
**APPLICATION FOR CHANGE OF NAME AND/OR  
 CONTACT INFORMATION**

**Missouri Commission for the  
 Deaf and Hard of Hearing**  
 3216 Emerald Lane, Suite B  
 Jefferson City, MO 65109  
 (573) 526-5205 (V/TTY)

**PURPOSE OF FORM:** This form is to be used to inform the BCI of your current name and contact information.

**INSTRUCTIONS:** Please complete the information below. If you have changed your name attach a copy of any legal documentation necessary to verify that change (i.e. marriage certificate, or divorce decree). **NOTARIZE ONLY IF YOU HAVE CHANGED YOUR NAME.** Return the completed form to MCDHH 3216 Emerald Ln., Suite B, Jefferson City, MO 65109.

**I. APPLICANT INFORMATION**

NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)		TELEPHONE NUMBER (BEST TO REACH YOU)
PREVIOUS NAME(S) (IF ANY)	DATE OF BIRTH	ALTERNATE TELEPHONE NUMBER
EMAIL ADDRESS		SOCIAL SECURITY NUMBER
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTY)		

**II. CERTIFICATION INFORMATION**

DO YOU WANT A NEW CERTIFICATION CARD WITH YOUR NEW NAME?  NO  YES **(INCLUDE \$5.00 DUPLICATE CERTIFICATE FEE)**

\*You must include fee payment in the form of a cashier's check or money order made payable to "MCDHH/BCI Fund" or a receipt for online payment from <https://magic.collectorsolutions.com/magic-ui/payments/mo-elem-secondary-education/201901>.

**NO PERSONAL CHECKS WILL BE ACCEPTED.**

**III. AFFIDAVIT OF APPLICANT**

I, the above-named applicant, being first duly sworn upon my oath, state as follows:  
 I have personally completed the forgoing 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 not intentionally divulge confidential information relating to the certification process, including content, topic, vocabulary, skills and or any other testing material;  
 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

Notary Public Embossed Seal Or Stamp	MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT	DATE
	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	Updated In Database	Fee Paid	Money Order/Cashier's Check Number	Received By
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