



STATE OF MISSOURI
 BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)
APPLICATION FOR DUPLICATE CERTIFICATION CARD

3216 Emerald Lane, Suite B
 Jefferson City, MO 65109
 (573) 526-5205 (V/TTY)

PURPOSE OF FORM: This form is to be used by an interpreter to apply for a duplicate certification card.

INSTRUCTIONS: Return the completed and notarized form along with the appropriate fee (\$5.00 Application, Duplicate Certificate Fee) to MCDHH, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109. 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.

I. APPLICANT INFORMATION

NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
--	------------------------

II. CERTIFICATION INFORMATION

THE ORIGINAL CERTIFICATION ISSUED TO ME HAS BEEN: DESTROYED LOST STOLEN

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

MUST BE SIGNED IN PRESENCE OF NOTARY Notary Public Embossed Seal Or Stamp	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	Fee Paid	Money Order/Cashier's Check Number	Received By
---------------	----------	------------------------------------	-------------