



**STATE OF MISSOURI  
BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)  
INTERPRETER REGISTRY INFORMATION FORM**

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 register in the Missouri Interpreters Certification System (MICS).

**INSTRUCTIONS:** Return the completed and notarized form to MCDHH, 3216 Emerald Lane, 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):		
YEAR DIPLOMA OR GENERAL EQUIVALENCY DIPLOMA (GED) WAS RECEIVED:		

**II. 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

<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	Date Entered In Database	Entered In Database By
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