



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



## MILITARY WAIVER APPLICATION

<b>I. APPLICANT INFORMATION:</b>			
Name:	Previous Name(s) <i>(If any)</i> :		
Address:	City:	State:	Zip Code:
Phone:		DOB:	
Email:			
<b>II. TYPE OF WAIVER REQUEST:</b>			
<input type="checkbox"/> I am requesting a waiver for CEUs as my military duties prevent me from fulfilling the required training.  <input type="checkbox"/> I have performed sign language interpreting as part of my active military duties, as annotated in Defense Department Form 214 (DD 214).			
<b>III. PROOF OF ACTIVE-DUTY STATUS:</b>			
<input type="checkbox"/> I have attached official documentation of the dates of my active-duty status.			
<b>IV. AFFIDAVIT OF APPLICANT:</b>			
I, the above-named applicant, being first duly sworn upon my oath, state as follows: I have personally completed the foregoing application truthfully and without omission; The information and answers contained in the foregoing application and any attachments thereto are true 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, rules and regulations of the Board of Certification of Interpreters and I will make this affidavit knowingly, and any false statement or material omission herein subjects me to criminal penalties under section 575.050 RSMo.			
Applicant Signature:		Date:	
<b>V. INSTRUCTIONS:</b>			
Submit the completed form and a photocopy of a valid driver's license or state-issued ID to the following address:  MCDHH, Attn: MICS Coordinator, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109.			
Date Received:		Received By:	