

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Testing, Education & Program Services
 P.O. Box 30018
 Lansing, MI 48909
 517-241-9289 Fax: 517-241-7539

REQUEST FOR TRANSLATOR APPROVAL FORM

(A translator is defined as one who reads an English version of the examination and translates it orally into another language. The translator must read only what is written without providing any definitions or other assistance to the candidate)

| CANDIDATE INFORMATION | |
|--|------------------------------------|
| Candidate's Full Legal Name (First, Middle, Last) | Candidate's Social Security Number |
| Candidate's Mailing Address | City, State ZIP Code |
| Exam | Language Translation |
| CANDIDATE CERTIFICATION | |
| By signing below, I certify that the information on this form is accurate and true to the best of my knowledge. | |
| _____ | _____ |
| Candidate's Legal Signature | Date |
| TRANSLATOR INFORMATION | |
| Name of Translation Company | Business/Mailing Address |
| City, State ZIP Code | Telephone Number |
| Translator's Full Legal Name (First, Middle, Last) | Fee Amount Charged to Candidate |
| | \$ |
| TRANSLATOR CERTIFICATION | |
| By signing below, I certify that: | |
| <ol style="list-style-type: none"> 1. All information provided on this form is accurate and true to the best of my knowledge. 2. I will accept no fees or compensation other than that set by the organization I represent. 3. I understand that I will read only the questions and options and will not provide any definitions, explanation, or other assistance to the candidate. 4. I will maintain the confidentiality of the examination. 5. I am not currently enrolled or have ever been enrolled in a barber, barber instructor, cosmetologist, cosmetologist instructor, esthetician, manicurist, natural hair culturist, or electrologist class or trained as an apprentice in any of these fields. 6. I do not currently hold nor have I ever held a license as a barber, barber instructor, cosmetologist, cosmetologist instructor, esthetician, manicurist, natural hair culturist or electrologist. 7. I understand that violating the confidential nature of the licensing examination can result in severe civil or criminal penalties, invalidation of test scores for the candidate, requiring the candidate to wait to reexamine for a period of not less than 180 days, and a prohibition on future translation activities. | |
| _____ | |
| Translator's Printed Name | |
| _____ | _____ |
| Translator's Signature | Date |