BCS/LTS-006a (03/12)

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

TRANSLATION COMPANY APPLICATION FOR APPROVAL TO PROVIDE SERVICES

Translation companies must be bona fide translation firms. Each company applying to serve in this capacity must meet certain criteria listed below. Approval of your application must be completed prior to your organization providing a translator for a licensing exam. The Department of Energy, Labor & Economic Growth reserves the right to approve, deny, or suspend any application.

CHECKLIST - Send the following items to the address listed above.

- ☐ Application
- ☐ Brochure of services provided
- ☐ Price List

Name of Translation Company

Type of Business

☐ Sole Proprietor - D/B/A Name: _____

(Attach the filed, date-stamped Certificate of Assumed Name issued by the County Clerk's Office)

☐ Corporation or Limited Liability Company (LLC) - Identification #: _____

Registered Name: _____

Assumed Name (If applicable): _____

Street Address of Location	City, State ZIP Code
Mailing Address (if different than above)	City, State ZIP Code
Business Telephone Number (including area code) ( )	E-Mail Address
Number of Years in Business / Business Hours	Website Address
Name of Owner/Officer	Telephone Number ( )
Contact Name and Title	Telephone Number ( )

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application.

_____
Print Name of Owner/Officer

_____ _____
Signature of Owner/Officer Date

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

INDIVIDUAL TRANSLATOR LIST

Translators are allowed to read an examination two times in a calendar year.

Translators cannot have any affiliation with the Barber and Cosmetology professions. Therefore, it is required to list below the **name**, **address**, **social security number** and **signature** of **ALL** the translators in your employment for verification purposes.

Translator's Name	Address	Social Security Number	Signature