

Language(s) Proficient In:	Maryland Counties Available to Provide Service To:	Type of Service	
		Interpreter	Translator
	Harford <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Howard <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kent <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Montgomery <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prince George's <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Queen Anne's <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	St. Mary's <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Somerset <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Talbot <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washington <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wicomico <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Worcester <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Application to Provide Interpretation and/or Translation Services

If you are an individual requesting placement on the Maryland Motor Vehicle Administration's (MVA) listing as an approved interpreter and/or translator who is eligible to provide interpretation and/or translation services to MVA customers completing Driver Licensing and/or any other MVA transactions, you must complete and submit this application, requested documents, and the accompanying "Interpreter and/or Translator Certification Form" (DL-201).

Please Note:
 You will be notified in writing if you have been approved or denied. If approved, your name will be added to the MVA's provider listing of interpreters and/or translators. The MVA reserves the right to approve or deny this application or to remove an individual from the active Interpreter and/or Translator Provider Listing at any time.

Instructions:
 All applicants must complete this application in its entirety. Be sure to submit the documentation required under Section B and a completed "Interpreter and/or Translator Certification Form" (DL-201). Mail the forms and requested documents to the address listed below:

Maryland Motor Vehicle Administration, Driver Services, Room 207, 6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062.

(Please type or clearly print in blue or black ink)

Section A - Applicant Information

First, Middle, and Last Name

Provide one of the following: Your Driver's License Number or State ID Card Number or Social Security Number

_____ and _____ or _____

License or ID # State of Issuance Social Security #

Date of Birth

Home Phone Business Phone

Street Address (Home) City State Zip Code

Applicants accepted must be a member of an accredited professional interpreter and/or translator association or have completed an interpreter and/or translator certification program. Please list each association's name, address, contact number and a photocopy of your association membership card and/or certification.

Please list, on the accompanying Section C - Provider Listing, the languages in which you are proficient, the Maryland counties where you can provide service, and indicate whether you will provide interpretation and/or translation services in that language.

Section B - Certification/Instructions

This section must be completed and signed.

Certification

“My signature certifies that I request to be listed as an eligible provider of interpretation and/or translation services for customers of the MVA. I certify that all information provided on this application and accompanying documents is complete and true to the best of my knowledge. I authorize the MVA to contact, as necessary, all sources listed on this application and accompanying documents, to verify the information is true. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for rejection of this application and/or removal from the MVA’s Approved Interpreter/Translator Provider Listing.”

Signature of Applicant: _____

Printed Name: _____ Date: _____

Applicants for interpretation and/or translation service providers must submit the following documents with this completed application:

1. A photocopy of the applicant’s valid driver’s license or state identification card or social security card.
2. Two written (legible and in English) letters of recommendation with contact information.
3. Completed and signed “Interpreter and/or Translator Certification Form” (DL-201)
4. A photocopy of the applicant’s current membership card to an accredited professional association for interpreters and/or translators and/or a photocopy of a certification of completion for interpretation and/or translation program.
5. Completed Section C of this application form.

Please Note: Upon receipt of your application, the MVA will make a determination regarding your request and you will be notified in writing.

Mail completed forms and all required documents to:
Maryland Motor Vehicle Administration
 Driver Services, Room 207 • 6601 Ritchie Highway, N.E. • Glen Burnie, Maryland 21062

Instructions: All applicants must complete and submit Section C of this application. **Please type or clearly print** in blue or black ink the required information in the “Language(s) Proficient In” column and check boxes that apply in the other columns. Omission of required information may result in the rejection of this application.

Section C - Provider Listing

Applicant’s Name: _____

Application Date: _____

Language(s) Proficient In:	Maryland Counties Available to Provide Service To:	Type of Service	
		Interpreter	Translator
	Allegany <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Anne Arundel <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Baltimore County <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Baltimore City <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Calvert <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Caroline <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Carroll <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cecil <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Charles <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dorchester <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Frederick <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Garrett <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>