

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

SIGN LANGUAGE INTERPRETER

REQUEST FOR VERIFICATION OF MEMBERSHIP AND/OR CERTIFICATION OF RID

APPLICANT: Complete this section and submit to the Registry of Interpreters for the Deaf, Inc. (RID) for completion at: Registry of Interpreters for the Deaf, Inc. (RID), 333 Commerce Street, Alexandria, VA 22314, (703) 838-0030.

Last First Name MI Former / Maiden Name(s)

Address: (number, street, city, zip code)

Social Security #: (voluntary) - -

Daytime Phone Number: - - Date of Birth: / /

Name on Certification Records: (if different from above)

RID Member ID Number:

Month/Year of Written Exam: /

Level of Certification:

Month/Year of Certification: / Expiration of Certification: /

Level of Membership in RID
(Certified, Associate, Student):

/ /

Applicant Signature Date

REGISTRY OF INTERPRETERS FOR THE DEAF, INC. (RID): Please submit to the State of Wisconsin evidence that the individual named above has successfully completed certification requirements as indicated above; or is an associate or student member of RID and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or DSpscRedSignLanguageInterpreters@wisconsin.gov.