

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
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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: Registry of Interpreters for the Deaf, Inc. (RID), 333 Commerce Street, Alexandria, VA 22314 [Phone Number: (703) 838-0030].

Last Name First Name MI Former / Maiden Name(s)

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

Social Security Number: (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):

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Applicant Signature (If unable to provide a digital signature print and sign form.)

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. RID staff may email to DSPSCredSignLanguageInterpreters@wisconsin.gov.