

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### SIGN LANGUAGE INTERPRETER (RESTRICTED) LETTER OF RECOMMENDATION FORM

**APPLICANT: Complete this section and submit to the individual completing your Letter of Recommendation (Form #2931). Return your sealed envelope directly to DSPS at the above address.**

Last	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Applicant Signature**

**Date**

**INDIVIDUAL COMPLETING LETTER OF RECOMMENDATION (FORM #2931): Please return the completed Form (#2931) directly to the applicant named above in a sealed-envelope with your signature across the envelope seal.**

Form (#2931) must be completed to demonstrate the following:

1. I have held national certification for at least five (5) years.
2. I am a member in good standing of the Registry of Interpreters for the Deaf, Inc. or its successor.
3. I recommend the above named applicant, for a Sign Language Interpreter - Restricted license in the State of Wisconsin.
4. I certify that the above named applicant has completed the following hours of mentoring:

**Total Mentoring Hours:**

**Total Mentoring Hours involved Observing Professional Work:**

**Total Mentoring Hours involved Observing Certified Deaf Interpreters:**

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5. **Recommendation:** (you may attach a separate letter in lieu of completing this section)


**This recommendation is being submitted by:**

**Name:**

**Firm / Position:**

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

**Daytime Phone Number:**  -  -

**RID Certification Number:**  **Issued:**  /  **Expires:**  /

**National Certification Number:**  **Issued:**  /

**Certifying Organization:**

**Profession and License Number:**   
(if applicable)

I CERTIFY under penalty of perjury that these statements are true and correct to the best of my knowledge of the date of my signature, and that I have personally prepared this Form (#2931), and if I become aware of information that would contradict my statements included with this submittal, I will promptly notify the Board.

/  /

**Signature of Individual Completing Recommendation** **Date**