

## Interpreter Request Form

**MAKE A COPY OF THIS REQUEST FOR YOUR RECORDS**

### Interpreter Process:

1. Contact State Roster Interpreter or Interpreter Service for a certified interpreter
2. Submit Interpreter Request Form to Board at least two weeks before the exam
3. Board of Barber Examiners will approve or deny request
4. The cost of the interpreter is at your own expense
5. You must use an interpreter from the State Roster or a Certified Interpreter that can be verified by the Board
6. Please allow 2-3 weeks for processing request form and setting up the exam
7. Please check the parts of the exam you are requesting to use an interpreter for:  
Written Examination \_\_\_\_\_  
Practical Examination \_\_\_\_\_
8. Please indicate the language \_\_\_\_\_

### Examinee Information

Last Name:	First Name:	Middle Initial:
Residential Address:	City:	State:      Zip Code:
Date of Birth:	Social Security Number:	Primary Phone Number:

### Translator Information

Last Name:	First Name:	Translating Service Business:
Business Address	City	State, Zip Code
Primary Phone Number:	Please Check one: ____ State Roster Interpreter ____ Certified Interpreter	

### Links to find a Minnesota Roster Interpreter:

<http://findinterpreters.courts.state.mn.us/>

<https://hcir.web.health.state.mn.us/searchInterpreter.jsp>

I declare, under penalty of law, that the information supplied on this form is the truth. My signature on this form certifies that the interpreter I will be using is not related to me and will only be interpreting the exam questions and not assisting me with answering any exam questions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This document is available in alternative formats to individuals with disabilities by calling 651-201-2820 or through the Minnesota Relay Service at 1-800-627-3529.*  
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