



# JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

## Licensed Court Interpreters

### Exam Registration Form

*Please Type or Print Legibly*

**Please check the appropriate box below:** (You cannot take both exams at the same time.)

- Written Exam (*must pass written prior to taking oral exam*): Exam Fee of: \$100.00
- Oral Exam: Exam Fee of: \$300.00

**Submit with Application for Licensure, supporting documentation, and applicable fees to:**

PO Box 12066, Austin, TX 78711-2066 (regular mail)

205 W. 14<sup>th</sup> St., Ste. 600, Austin, TX 78701 (overnight delivery)

Fees must be paid by check, money order, or cashier's check payable to the Office of Court Administration.

(All fields must be completed. Notifications to applicants will be sent via email.)

<b>Test Part to be Taken:</b>	<input type="checkbox"/> Written exam   <input type="checkbox"/> Oral exam; <i>Date written exam passed:</i>
<b>Examination Date:</b>	

Select Language (Oral exam only)			
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hmong	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Spanish
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Polish	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Laotian	<input type="checkbox"/> Russian	<input type="checkbox"/> Other _____

Applicant Information			
<b>Applicant Name:</b>			
<b>License Number:</b> <i>(reinstatement applicants only)</i>			
<b>JBCC ID Number:</b> <i>(for those re-taking the exam only)</i>			
<b>Mailing Address:</b>			
<b>Phone #:</b>		<b>Cell #:</b>	
		<b>Email Address:</b>	

Additional Exam Information	
<b>Test History:</b>	<input type="checkbox"/> I have tested before   <input type="checkbox"/> I have not tested before.
<b>Date(s) Previously Tested:</b>	

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date