



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
**AMERICAN SIGN LANGUAGE, ENGLISH INTERPRETERS AND  
 TRANSLITERATORS**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035

Paul R. LePage  
 Governor

Anne L. Head  
 Commissioner

**VERIFICATION OF LICENSURE FORM**  
**(for use by applicants licensed or certified in another jurisdiction)**  
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The applicant listed below is applying to practice as an interpreter/transliterators in the State of Maine. The American Sign Language, English Interpreters And Transliterators Program requests written verification from all states that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

**Directions to applicant:**

Complete page 1 of this form and forward pages 1 and 2 to the state where you hold a current license to practice. Because some states charge a fee to complete this form, you should check with each state before mailing. All fees are the responsibility of the applicant. If verification is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

**Instructions to State Board:**

Complete Page 2 of this form and return pages 1 and 2 to the following:

**U.S.P.S. Mailing Address:** American Sign Language, English Interpreters And Transliterators, 35 State House Station, Augusta, Maine 04333-0035

**Courier/Delivery Address:** American Sign Language, English Interpreters And Transliterators, 35 State House Station, Augusta, Maine 04333-0035



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**VERIFICATION OF LICENSURE**

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Name of Licensee:	License Type:
License Number:	Date Issued:
Is License Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:
Exam taken (if any):	Date Exam Passed:
If no examination was taken, how was licensure obtained? <input type="checkbox"/> Grandfathered <input type="checkbox"/> Endorsement from which state _____	
What were the requirements for education at the time the license was issued?:	
Are there any pending complaints against this licensee? If yes, please explain:	[ ] Yes [ ] No
Have there been any other actions taken against this licensee? If yes, please explain:	[ ] Yes [ ] No
Is the licensee considered to be in good standing in your state? If no, please explain:	[ ] Yes [ ] No
State Board Seal	Signature: _____ Printed Name: _____ Title: _____ State: _____ Phone Number _____ Date: _____