



# APPLICATION

## Temporary Permit

Complete the entire application. Incomplete applications will be returned.

### CHECKLIST:

- Completed application
- Proof of certification
- Copy of photo ID
- Proof of education: From high school or college
- License Fee (check or money order)

**\*Must also complete the Temporary Permit Tracking Form and submit to NCDHH\***

Mail application, fee(s), and supporting documentation to:

Nebraska Commission for the Deaf and Hard of Hearing  
Attn: Licensing Department  
4600 Valley Rd, Ste 420  
Lincoln, NE 68510

Questions or Concerns?  
Contact the Licensing Department 402.471.3593 or [ncdhh@nebraska.gov](mailto:ncdhh@nebraska.gov)



<b>For Internal Use Only</b>	
Date Received:	_____
Received By:	_____
Check Number:	_____
Receipt Number:	_____
Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Approved      Denied
Date:	_____
Processed By:	_____

## Temporary Permit Application

### GENERAL INFORMATION

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Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ EIN Number: \_\_\_\_\_-\_\_\_\_\_

Home Number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Business/Cell Number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Email Address: \_\_\_\_\_

### EDUCATION *(Must submit proof)*

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- Copy of High School diploma or equivalent, or
- Copy of College diploma/degree

### LICENSE FEE *(Permit allows 14 days of interpreting in current calendar year)*

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Temporary Permit - **\$25.00**

### CERTIFICATION *(Must submit proof of current cycle expiration)*

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- RID Certification – Member Number \_\_\_\_\_
- NAD Certification – Member Number \_\_\_\_\_ Level IV \_\_\_\_\_ Level V \_\_\_\_\_
- QAST Certification
  - Transliterating      Level IV \_\_\_\_\_      Level V \_\_\_\_\_
  - Interpreting      Level IV \_\_\_\_\_      Level V \_\_\_\_\_
- BEI Advanced
- BEI Master
- Other: \_\_\_\_\_



**LICENSURE AND BACKGROUND INFORMATION** *(Must be completed)*

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*If you answer “YES” to any of the following questions, please provide a brief written statement of all significant details on a separate sheet of paper, including the nature of the matter, the jurisdiction under which it took place, date, the reason for the denial or disciplinary action, or pending action, and the names of any persons involved. Failure to disclose this information, regardless of when the action occurred, could result in disciplinary action.*

YES	NO	Have you ever been denied a license to practice interpreting or transliterating in Nebraska or any other jurisdiction?
YES	NO	Has a complaint ever been filed or has formal disciplinary action ever been taken against you by a professional regulatory body in Nebraska or any other jurisdiction?
YES	NO	Have you ever voluntarily surrendered your professional interpreting or transliterating license or permit or entered into a negotiated settlement in order to avoid disciplinary action by a professional regulatory body in Nebraska or any other jurisdiction?
YES	NO	During the past 10 years, have you been convicted of a crime, other than a minor traffic violation, in Nebraska or any other jurisdiction?
YES	NO	During the past 10 years, have you entered into a pretrial diversion program or similar pretrial procedure to avoid prosecution for a crime, other than a minor traffic violation, in Nebraska or any other jurisdiction?
YES	NO	Are there now any criminal charges, other than a minor traffic violation, pending against you in Nebraska or in any other jurisdiction?
YES	NO	During the past 10 years, has a judgment been entered against you in a civil proceeding in Nebraska or any other jurisdiction involving fraud, misrepresentation, or professional malpractice?
YES	NO	Is there any action or proceeding presently pending against you in any court or other tribunal in Nebraska or any other jurisdiction alleging that you committed fraud, misrepresentation, or professional malpractice?



## AFFIDAVIT

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*I hereby attest that I will not represent myself as a licensed interpreter in the State of Nebraska until this application is approved and an Interpreter License has been issued by the Nebraska Commission for the Deaf and Hard of Hearing.*

*I attest that I am at least 18 years of age.*

*I hereby agree that I have knowledge of and will comply with Revised Nebraska Statutes §20-150 to §20-159, Title 96: Chapter 1, Nebraska Rules and Regulations Relating to Sign Language Interpreters, and the NAD-RID Code of Professional Conduct. I hereby understand the types of misconduct for which disciplinary proceedings may be initiated against my license pursuant to said regulations.*

*For the purpose of complying with Nebraska Revised Statutes §4-108 to §4-114, I attest that:*

- I am a citizen of the United States of America*  
*or*
- I am a qualified alien under the federal Immigration and Nationality Act. (Include a copy of your USCIS documentation)*  
*Immigration Status: \_\_\_\_\_ Alien Number: \_\_\_\_\_*

*I hereby attest that my responses and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.*

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_