NCDHH
Nebraska Commission
for the Deaf and Hard of Hearing

Video Remote Interpreting (VRI) Providers

Employed and Contracted
Sign Language Interpreters Roster

	Last Name	First Name	Certification Type	Certification Expiration Date	RID Member Number
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I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate in accordance to the Revised Nebraska Statutes §20-150 to §20-159, Title 96: Chapter 1 Nebraska Rules and Regulations Relating to Sign Language Interpreters.

Name: _____ Date: _____
(Signature)
Name: _____ Title: _____
(Print)

Business Name: _____

Address: _____ _____ _____ _____
Street/Apt. #/P.O. Box/Route City State Zip Code