

**State of Nebraska**  
**Nebraska Commission for the Deaf and Hard of Hearing**  
**4600 Valley Road, Suite 420**  
**Lincoln, NE 68510-4844**

**Form C: Application for Provisional License**

**Section A – License Application Category:**

Initial Application\*

\* Requires additional form: C1

Request for Extension\*

\* Requires additional forms: C1 & C2

License Reinstatement\*

\* Requires additional form: F

**Section B — Personal Information:**

1. Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Initial Application — Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Extension Request or Reinstatement — Nebraska Interpreter License Number: \_\_\_\_\_  
RID Membership Number (Optional): \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
(Street/Apt. #/P.O. Box/Route)  
\_\_\_\_\_  
(City) (State) (Zip Code)
4. Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business or Cell Phone: (\_\_\_\_) \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. **Submit a copy of one of the following picture IDs:** Driver's License    Passport    Other: \_\_\_\_\_
7. **Moral Character:**  
**Have you ever been convicted of a felony?**    Yes    No  
*If yes, official court records relating to the conviction and disposition must be submitted along with a letter from you explaining your conviction.*  
  
**Have you ever been disciplined, or are currently the subject of any disciplinary action, in any jurisdiction, related to providing interpreting services or adhering to either the RID Code of Ethics or the NAD-RID Code of Professional Conduct?**    Yes    No  
*If yes, submit the type of action, date, and name and address of the entity taking such action along with an explanation letter from you.*

**Section C — Eligibility Criteria for Licensing:**

**A copy of your current card or certification will need to be submitted with this application. Check all that apply.**

NAD Interpreter Proficiency Certificate —    Level II  
State/Agency Issued From: \_\_\_\_\_  
Mid-America QAST —    Interpreting    Level II  
State/Agency Issued From: \_\_\_\_\_  
Mid-America QAST —    Transliterating    Level II  
State/Agency Issued From: \_\_\_\_\_  
Other Certification —    \_\_\_\_\_  
Granted by: \_\_\_\_\_    Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

