

# The North Carolina Interpreter and Transliterators Licensing Board

P.O. Box 98324  
Raleigh, North Carolina 27624  
[www.ncitlb.org](http://www.ncitlb.org)

Phone 919-779-5709  
Fax 919-779-5642  
[ncitlb@caphill.com](mailto:ncitlb@caphill.com)

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## APPLICATION PACKET FOR INITIAL LICENSE

Rev. 11-2020 – renewable annually

This initial application shall be completed in accordance with requirements set forth in **General Statute 90D**.

### Application Procedures

Your application packet must include:

1. Current Photo (passport size)
2. Photocopy of current picture identification that includes your date of birth (e.g. Drivers License)
3. Completed Application
4. Photocopy of current certification/classification
5. Fee of \$225.00 payable by cash, certified check, or money order made payable to NCITLB.
6. Separate cash, certified check, or money order made payable to NCITLB in the amount of \$38.00 for background & fingerprint check process. **All fees are non-refundable. Personal checks will not be accepted.**
7. Completed Authority for Release of Information (background check) form.
8. Completed fingerprint card. You can obtain one at your local law enforcement agency.
9. Completed Public Notice Statement Form

It is the applicant's responsibility to ensure that all materials have reached the NCITLB. The Board will review your application for eligibility and you will be notified in writing in a timely manner pertaining to your Status with the Board. **Please do not call the board office as this information is not available by phone.**

# NCITLB Application for Licensure

This application is for

	Provisional License
	Full License

*If you are unsure which license you should pursue, please refer to the document "Requirements for Licensure: Provisional vs. Full" on the NCITLB website.*

**Please type or print; use only black or blue ink.**

Full Name			
Other names/Aliases			
Home Address			
City, State, Zip	City	State	Zip
Home Phone			
Cell Phone			
Fax			
Email			
Personal Website			

Date of Birth		Social Security No.	
Place of Birth	City	County	State

Business Name			
Address			
City, State, Zip	City	State	Zip
Business Phone			
Business Fax			
Business Email			
Business Website			

Preferred mailing address     Home     Business     Other \_\_\_\_\_

Are you a US Citizen?  Yes  No

**Certifications or classifications currently held** *Please check all that apply and include a copy of each.*

RID		NCICS		CLTSLA	
NAD		EIPA		Other	

*Please specify* \_\_\_\_\_

**Home addresses during the previous five years**

Home Address 1			
City, State, Zip 1	City	State	Zip
Home Address 2			
City, State, Zip 2	City	State	Zip
Home Address 3			
City, State, Zip 3	City	State	Zip

**If you hold interpreter/transliterater license(s) in other states, list them below.**

State	Type	License Number	How was license granted: Exam, Provisional, Grandfather, Reciprocity

**Education** *If you are sending a transcript it must be sent to the Board in an envelope sealed by the institution.*

Institution	Dates Attended	Degree Earned	Date of Degree Earned

**Disclosure of Legal & Ethical History**

1.  YES       NO      Have there been any substantiated allegations of a code of ethics violation pertaining to interpreting/transliterating practice by any certifying body?
2.  YES       NO      Has there been any adverse verdict as a result of any civil suit regarding your professional malpractice?
3.  YES       NO      Have you ever had an interpreter/transliterators credential denied, revoked, or suspended within the past ten years?
4.  YES       NO      Are there any pending actions related to a denial, revocation, or suspension of any interpreter/transliterators credential?
5.  YES       NO      Have you been convicted of a crime under any laws within the past ten years?
6.  YES       NO      Are any criminal charges pending against you?

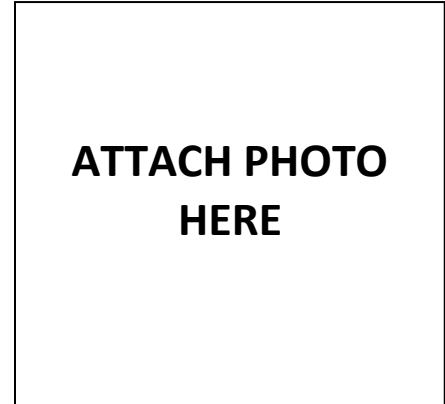
***If you answered any of these questions YES, please submit a letter explaining the circumstances.***

**APPLICANT'S CERTIFICATION**

- Attach a clear, two-inch by two-inch passport-style photograph of yourself in the space provided.
  - Sign in the presence of a Notary Public the certification that follows below.
  - Ask the Notary Public to complete the form at the bottom of this page.
- Complete all sections of this page.**

**I, the applicant, certify that:**

1. The attached photograph truly and accurately depicts my current physical appearance and was made within the last two years.
2. I have read, and agree to comply with, the NC Interpreter and Transliterators Licensure Act, the NCITLB licensure rules and the NAD-RID Code of Professional Conduct.
3. The information contained in the attached license application is true and accurate to the best of my knowledge and recollection.
4. I understand that the Board has the right to investigate any of the representations made by me in the attached license application.
5. I understand that the Board may deny my application if it determines that I have falsified any of the information in the application or have withheld any of the information requested therein.



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

\_\_\_\_\_  
Date

\_\_\_\_\_ County, North Carolina

Signed and sworn to or affirmed before me by \_\_\_\_\_  
Printed Name of Principal

on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

My Commission Expires: \_\_\_\_\_

(Official Notary Seal)

**AUTHORITY FOR RELEASE OF INFORMATION  
State and Federal Record Check**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Support Services to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application for an Interpreter/Transliterater license with the North Carolina Interpreter and Transliterater Licensing Board pursuant to N.C.G.S. 90D-7.

***Please type or print; use only black or blue ink.***

Last Name	First Name	Middle Name	
Maiden Name			
Social Security Number	Date of Birth	Gender	Race

I understand that the North Carolina State Bureau of Investigation, Division of Support Services and its officials and employees shall not be held legally accountable in any way for providing this information to the North Carolina Interpreter and Transliterater Board, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the North Carolina Interpreter and Transliterater Board cannot provide the results of this criminal history record check to me.

Signature of Applicant	Date
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This request form must be kept on file at the agency for a period of one year.

ORI # INTERP000 - NC Interpreter & Transliterater Licensing Board

SBI FINGERPRINT CARD CHECK - \$14.00

FBI FINGERPRINT CARD CHECK - \$24.00

Total cost to be borne by the applicant is \$38.

Payment must be made by cash, certified check, or money order made payable to NCITLB.

## Instructions for Completing the Applicant Fingerprint Card

*Fingerprint cards may be obtained from any local Police Department*

1. The complete name of the subject is to be listed as indicated: last name, first name, and middle name. Please ensure the name is legible if written.
2. List any and all alias names or nicknames, maiden names, or any other married names.
3. Sex is to be listed as **M** for Male and **F** for Female or **U** for Unknown.
4. Race is to be listed by placing an individual into one (1) of the following categories by writing the appropriate letter in the space provided.
  - W - White
  - B - Black
  - I - American Indian or Alaskan Native
  - A - Asian or Pacific Islander
  - U - Unknown if unsure or unable to determine
5. Indicate the subject's height in feet and inches using all numerical digits.
  - Example: 6'01" = 601, 6'11" = 611, 6' = 600
6. Indicate the subject's weight in pounds using all numerical digits.
  - Example: 186 or 098, etc.
7. List the subject's eye color by placing one (1) of the following eye color codes in the space provided:

BLK -Black	GRY-Gray	MAR-Maroon
BLU-Blue	GRN-Green	PNK-Pink
BRO-Brown	HAZ-Hazel	XXX-Unknown
8. Color of hair should be indicated by writing one (1) of the following color codes in the space provided:
  - BAL- Bald (When subject has lost most of his or her hair or is hairless)
  - BLK- Black
  - BLN- Blond or Strawberry
  - BRO- Brown
  - GRY-Gray or partially
  - RED- Red or Auburn
  - SDY- Sandy
9. List the date of birth numerically – month, day and year.
  - Example: May 11, 1955 should be shown as 05111955
10. Indicate, if possible, the city and state where the subject was born. The state should be indicated by the two digit abbreviation.
11. OCA block: INTERPOOO
12. Social Security: Write in the Social Security number.
13. Residence of Person Fingerprinted: Current residence of subject fingerprinted as written here.
14. Employer Address: NC Interpreter & Transliterator Licensing Board, PO Box 98328, Raleigh, NC 27624
15. Reason Fingerprinted: Licensed Deaf Interpreter, NCGS 90D-7, state and federal.



## North Carolina Interpreter & Transliterators Licensing Board

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### Public Notice Statement

required by N.C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section  
North Carolina Industrial Commission  
1233 Mail Service Center  
Raleigh, NC 27699-1233  
Telephone: (919) 807-2582  
Fax: (919)715-0282  
Email: ernp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-762(5)]

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\_\_\_\_\_ I certify that I have read the Public Notice Statement above and that I understand it.

***Please indicate below which statement best applies to you:***

\_\_\_\_\_ I have not been investigated for employee misclassification.

\_\_\_\_\_ I have been investigated for employee misclassification and have attached the results of the investigation to this application/ renewal.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Pursuant to North Carolina General Statute § 143-765(b): , “An occupational licensing board or commission shall deny the license, permit, or certification application of any applicant who fails to comply with the certification and disclosure requirements of this section.”