

Board for Evaluation of Interpreters (BEI) Request Name Change

Applicant Information				
Name:	Maiden/Previous Name:		IL BEI Certification #:	
Street address:	City:	State:	ZIP code:	County:
Daytime phone number:	Email address:			
For Name Change				
Enclosed is one of the following: Copy of Marriage Certificate Copy of Divorce Decree Copy of Court Order				
Submittal Instructions				
Send completed form via US Mail, email, or fax to: IDHHC 528 South 5 th Street, Suite 209 Springfield, Illinois 62701 FAX: 217-557-4492 Dhh.interpreter@illinois.gov				
Signature				
I attest that all information provided in this application is accurate and true and agree to abide by the IL BEI Manual or the Illinois Interpreter for the Deaf Licensure Act of 2007 which requires anyone providing interpreting services to have a license. (Certification is not a license to practice interpreting.) I understand that my certificate is subject to suspension, revocation, or cancellation.				
Applicant's signature:		[Date:	
This application is incomplete without the applicant's signature.				