



**OFFICE OF LANGUAGE ACCESS  
COURT INTERPRETER CERTIFICATION PROGRAM  
REQUEST FOR RECIPROCITY**

Office of Language Access

\_\_\_\_\_  
Date Received

I hereby request that the Kentucky Court Interpreter Certification Program, through the Administrative Office of the Courts of Kentucky, grants me certification reciprocity.

- I am a certified Court Interpreter in the State of \_\_\_\_\_. I have successfully passed in  one (1) sitting all three parts of the oral exam or  an abbreviated exam developed by the National Center for State Courts.

**Certification number:** \_\_\_\_\_.

**Date issued:** \_\_\_\_\_.

- I am a Federal Certified Court Interpreter.

**Certification number:** \_\_\_\_\_.

**Date issued:** \_\_\_\_\_.

Enclosed is a certified copy of my examination results, license, certificate and/or credentials.

Please verify and grant me exam reciprocity.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Phone number

**Mail to:** Administrative Office of the Courts  
Office of Language Access  
1001 Vandalay Drive  
Frankfort, Kentucky 40601