



# APPLICATION FOR REPLACEMENT OF INDIANA INTERPRETER CERTIFICATE OR IDENTIFICATION CARD

State Form 52613 (R / 1-07) / DHHS 0017  
Approved by State Board of Accounts, 2007

Mail to:  
DEAF AND HARD OF HEARING SERVICES - MS23  
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION  
DIVISION OF DISABILITY AND REHABILITATIVE SERVICES  
PO Box 7083  
Indianapolis, Indiana 46207-7083

**The fee for replacement is \$15.00 (non-refundable). Make check or money order payable to STATE OF INDIANA.**

| APPLICANT INFORMATION  |                                    |  |                         |
|--|------------------------------------|--|-------------------------|
| Name of applicant ( <i>last name, first name, middle initial</i> ) |                                    |  | Certificate number      |
| Address ( <i>number and street, city, state, and ZIP code</i> )    |                                    |  |                         |
| County   |                                    | E-mail address                         |                         |
| Home telephone number<br>(       )                                 | Work telephone number<br>(       ) | Cellular telephone number<br>(       ) | Fax number<br>(       ) |

| ITEM TO BE REPLACED                  |  |                               |
|--------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Identification Card | <input type="checkbox"/> Both |

| PAYMENT IDENTIFICATION        |   |                            |
|-------------------------------|---|----------------------------|
| Name of payer                 |   |                            |
| Amount of check / money order | Date of check / money order ( <i>month, day, year</i> ) | Check / money order number |

| FOR OFFICIAL USE ONLY |                                  |
|-----------------------|----------------------------------|
| Approved by           | Date ( <i>month, day, year</i> ) |
| Comments              |                                  |