



REINSTATEMENT APPLICATION FOR PROVISIONAL LICENSURE

*Refer to 16.28.1—16.28.6 NMAC and Signed Language Interpreting Practices Act.
 All licensing information provided is public information and subject to Inspection of Public Records Act.*

Please check box if you are a deaf applicant

APPLICATION CHECKLIST- With this application you must submit:

- Completed and signed application
- Fee - \$40.00 Check or Money Order
- 2x2 recent color quality photo, front face view
- Proof of age indicating applicant is at least eighteen years of age in the form of a copy of driver’s license, state issued ID card, or baptismal certificate
- Copy of current RID card showing Associates Member Status
- Explanations for any “yes” answers in the Personal History section of this application
- Explanation of why license lapsed and how to change circumstances that would justify reinstatement (documentation must be provided)
- Reason why the license should be reinstated

****NOTE: This application does not guarantee reinstatement. This application will be brought in front of the Board for approval.**

License Number: _____ Last Expiration Date: _____
 Last Name: _____ First Name: _____ Middle Initial: _____
 Physical Address: _____
 Mailing Address: _____ City: _____ State: ____ Zip Code: _____
 Contact Phone: _____ Business Phone: _____
 Email: _____ Date of Birth: _____
All communication (including renewal notices) will be sent out to this email address
 Business Address: _____ City: _____ State: ____ Zip Code: _____

Yes No

Have you been denied a professional license or permit, or privilege of taking examination, or had a professional license or permit disciplined by any licensing authority in New Mexico or elsewhere? *If yes, attach a detailed explanation.*

Yes No N/A

Are you more than 30 days delinquent in complying with a child support order? *Ex. If you are not subject to a child support order, answer N/A.*



CERTIFYING STATEMENT

I hereby certify that I have read and completed this application, that the information contained herein is true to the best of my knowledge and that I understand that any falsification or misrepresentation made within this application may be grounds for denial of my application or action against my license. I hereby authorize the New Mexico Signed Language Interpreting Practices Board and its agents to investigate any statements made by me in this application, Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith and to the best of my knowledge they are true, correct, and complete.

Signature of Applicant

Date

