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*I declare under penalty of perjury under the laws of the State of California that the information provided above is true and correct.*

10. \_\_\_\_\_  
*Signature* *Date*

Please mail to:

Judicial Council of California  
Administrative Office of the Courts  
Court Interpreters Program  
455 Golden Gate Avenue  
San Francisco, California 94102-3688

**Please sign, date, and provide all required information. Forms that are incomplete will be returned.**