IDHHC

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217/557-4495 (V/TTY) ❋ 217/303-8010 (VP) ❋ www.state.illinois.gov

REQUEST TO UPDATE INFORMATION

This form is used to update multiple types of information related to your license.
Please select the appropriate section which applies to your situation

Name (Last, First, Middle)	Sign Language Interpreter License #
Address, City, State, Zip Code	

☐ **CHANGE IN PROFICIENCY LEVEL**

- ☐ Proof of new certification/assessment level
- ☐ Required $25 fee submitted – please issue a new license card .

☐ **NAME CHANGE**

- ☐ Proof of Name Change – Copy of Marriage Certificate, Divorce Decree or Court Order
- ☐ Update my card on renewal – No fee required.
- ☐ Required $25 fee submitted – please issue a new license card.

☐ **DUPLICATE LICENSE CARD**

- ☐ Original License was lost or destroyed
- ☐ Required $25 fee submitted – please issue a new license card.

☐ **CHANGE TO INACTIVE STATUS**

- ☐ I wish to assume inactive status as a sign language interpreter under rule 1515.110. The fee to place a license on inactive status is $50. You are prohibited from practicing during the time your license is inactive.
- ☐ Required $50 fee submitted.

I understand that if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. I also understand that FEES ARE NOT REFUNDABLE. Therefore, I declare that I have examined this form and to the best of my knowledge, they are true, correct, and complete.

Signature _____ Date _____