



OREGON JUDICIAL DEPARTMENT
Court Language Access Services

APPLICATION FOR RENEWAL OF THE OREGON REGISTERED COURT INTERPRETER CREDENTIAL

	Please Return this form by mail to: Oregon Judicial Department Court Language Access Services 541 NE 20 th Ave #107 Portland, OR 97232
Name:	
Address:	
Home Phone Number	
Cell Phone Number	
Email Address:	
Renewing Registered Credential in the following language:	

Required Enclosures:

- Nonrefundable \$150.00 application fee
 - Check enclosed made payable to “The Office of the State Court Administrator”
 - Credit Card (we accept: Visa, MasterCard or Discover). Call (503) 731-3283
- LEDS Record Check
- Record of Continuing Education Credit form
- 1 standard-sized passport photograph (2” x 2”)

I, the undersigned, provide information in this application which is true and accurate

Signature

Date



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LAW ENFORCEMENT DATA SYSTEMS (LEDS) RECORD CHECK

Please provide your Social Security number, date of birth, full name and other names and aliases in the spaces below. Your Social Security number and other ID numbers provided will be used for a Law Enforcement Data Systems (LEDS) Record Check purposes only and will be destroyed after the criminal record check is completed. This information will never be sold or used for any other purpose than expressly represented here. The check is valid for three years.

If the LEDS Record Check returns a relevant criminal record, the CLAS Program Manager, as the State Court Administrator's designee, will notify you in writing. You will be given the option to respond to the CLAS Program Manager in writing within 14 calendar days. A written notice of the Program Manager's decision and any of the procedures for further review will be mailed to you.

This form can also be completed online at <http://courts.oregon.gov/LEDS>

Signature: _____

Print Full Name: _____
Last, First Middle Initial

Gender: Male _____ Female _____ Date _____

(For Office Use Only)	
LEDS authorized user: _____	
Date of Inquiry: _____	
Records found: <input type="checkbox"/> Yes <input type="checkbox"/> No	

(Please detach portion below dotted line and destroy upon completion of LEDS entry)

Social Security Number: _____

Business Tax ID Number or Federal Tax ID Number (If applicable) _____

Date of Birth: _____

Other Names and Aliases: _____



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RECORD OF CONTINUING EDUCATION CREDITS

In the chart below please list all of the continuing education events that you have attended and received credit for.

Name	Date of Submission
Date of Event _____ Title _____ _____ Sponsor _____	Location _____ General or Language-specific _____ Credits Earned _____
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