Division of Motorist Services
2900 Apalachee Parkway
Tallahassee, Florida 32399
www.flhsmv.gov

Terry L. Rhodes
Executive Director

Robert Kynoch
Division Director

Interpreter Affidavit

Customer's Name: _____

Customer's DL#: _____

Examiner's Name: _____

Interpreter's Name: _____

Interpreter's FL ID/DL#: _____

Interpreter's Relationship to Customer (if any): _____

Language Interpreted: _____

Type of Exam(s) being interpreted: _____

Date of Exam being interpreted: _____ Office Number: _____

- I swear that I will act as the interpreter for this examination and provide a true and accurate interpretation of the examination questions and the answers provided by the customer.
- I am at least 18 years of age.
- I will not provide answers, coach or assist the person taking the examination in any way.
- I understand that coaching or supplying answers will result in the termination of the examination.
- I understand that coaching or supplying answers will prevent me from interpreting in any examination office in the future.
- I understand that it is required that this transaction be recorded using an audio recording device. I also understand that these recordings can be audited. Fraudulent activity discovered could result in license cancellation, mandatory retests and criminal charges filed.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

_____	_____	_____
Interpreter's Signature	Interpreter's Printed Name	Date
_____	_____	_____
Customer's Signature	Customer's Printed Name	Date
_____	_____	_____
Examiner's Signature	Examiner's ORION Username	Date

Note: This signed form must be scanned as part of the customer's application.