



COMMONWEALTH OF PUERTO RICO  
DEPARTMENT OF STATE  
ASSISTANT SECRETARIAT FOR PROTOCOL AFFAIRS

UNOFFICIAL REGISTRY FOR TRANSLATORS AND  
INTERPRETERS OF PUERTO RICO - Registration Form

[Fill out this form and send it by mail to, Department of State, Office of the Undersecretary, Attention: Enid Cruz Mirabal, P. O. Box 9023271, San Juan, Puerto Rico 00902-3271; or by fax to, (787) 722-1853. Please note that this agency reserves its right to include in the Registry all the information herein provided.]

Name \_\_\_\_\_

Municipality of residence \_\_\_\_\_

Please specify if you are a,  
\_\_\_\_\_ translator \_\_\_\_\_ interpreter \_\_\_\_\_ both

Years of experience as a translator/interpreter as of January 2007

\_\_\_\_\_

Languages in which you are proficient and into which you translate ---

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas in which you specialize (legal, medical, commercial, general)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic degrees and the institutions from which they were obtained

\_\_\_\_\_

\_\_\_\_\_

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Other studies (continuing education, graduate and postgraduate)

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\_\_\_\_\_

Professional associations of which you are a member \_\_\_\_\_

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Firms where you have worked as a professional translator \_\_\_\_\_

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Please specify if you have another occupation other than translating and how many hours do you dedicate to the professional practice of translation

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Add any information that you consider is pertinent to include in this Registry \_\_\_\_\_

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### CONTACT INFORMATION

Mailing address \_\_\_\_\_

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Telephone numbers \_\_\_\_\_

Fax number \_\_\_\_\_

Electronic mail \_\_\_\_\_

#### CERTIFICATION AND AUTHORIZATION FOR DISCLOSING INFORMATION

ف I, \_\_\_\_\_, hereby certify that all the information provided in this form is true and accurate and I hereby authorize its disclosure only for professional contracting purposes, which are the sole reason why this Unofficial Registry for Translators and Interpreters of Puerto Rico was originally created.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date