

Station: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_  
Appointment Time: \_\_\_\_\_  
DIT/DOT: \_\_\_\_\_

BFS 11 12/2024

## INTERPRETER AGREEMENT

Department of Transportation

Interpreter's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Wisconsin License or  
ID Card number\*: \_\_\_\_\_

Phone # (      ) Email \_\_\_\_\_

*\*Note: If Interpreter does not have a Wisconsin ID or DL It is acceptable to take an Out of State DL or ID as proof of identity.*

While serving as an interpreter for the Division of Motor Vehicles knowledge test, I agree not to divulge, either knowingly or unknowingly, the answers to any of the questions. By signing this document, I agree that the Department may monitor or record my translations for purposes of evaluating my performance. I understand I am only allowed to read the test questions to the applicant and the applicant should record the answer on the answer sheet.

Applicant's Name: \_\_\_\_\_

Driver License #  
(if applicable) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Language to be  
Interpreted: \_\_\_\_\_

**Warning: Section 343.16(7), Wisconsin Stats., provides significant penalties (fine or imprisoned for not more than 6 months or both) for any person receiving or giving unauthorized assistance during any part of a knowledge test.**

\_\_\_\_\_  
(Interpreter's Signature)

\_\_\_\_\_  
(Date)

*Office Use Only*

(Team)

(Badge Number)