

# BTS TRANSLATION SERVICES

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## INTERPRETER INFORMATION FORM



Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Language pairs:

Source Language(s):

Target Language(s):

	Source Language(s):	Target Language(s):
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

Fields of specialization: \_\_\_\_\_

Accreditation: \_\_\_\_\_

Insurance: \_\_\_\_\_

Please provide information and policy number

Other Services rendered: \_\_\_\_\_

Availability:

A. Normal work week Mon. to Fri. 9.00 am to 18.00 PM Rates: \$ per hour \$

B. Evening and Weekends \$

C. Nights (from 11.00 PM to 6.00AM) \$

Willingness to travel  
(max. commute)

Rates for traveling time

\$

Please attach your resume