



## Affidavit of Oath for Interpreters-NCDL Knowledge Test NRS 483.010-486.630 and 656A

An applicant who lacks proficiency in English or Spanish may use an interpreter during a written examination for a driver’s license, driver authorization card or instruction permit. Interpreters must attest to being approved by a governmental agency, court, educational institution, or non-profit advocacy group by completing this form and presenting a letter from the approving agency.

For applicants who are deaf or hard of hearing, an American Sign Language (ASL) interpreter may be used during the examination. The Field Services Division may provide an ASL interpreter upon request. Applicants may also choose to provide their own interpreter. All ASL interpreters must be registered with the Department of Health and Human Services, as required by **Nevada Revised Statute (NRS) 656A (Interpreter Registry (nv.gov))**. Certification must be confirmed by completing this form and verified by staff in the Registry database. Applicants are responsible for covering the costs associated with hiring their own interpreter.

1. I affirm that I will, to the best of my ability, provide a true interpretation in an understandable manner to the person(s) for whom I have been appointed.
2. I affirm that I will, to the best of my ability, provide a true interpretation in an understandable manner into the language for which I have been appointed.
3. I affirm that I will not sell, convey, translate, or provide in any other form, the questions, answers, or statements contained in the written examination to anyone other than the person for whom I have been appointed as interpreter.
4. I understand that it is unlawful for me to provide answers or hints to the questions in the written examination, or to explain the meaning of such questions. I may only state a true interpretation of the questions in an understandable manner in the applicant’s language.
5. I understand that it is a misdemeanor to violate any of the provisions of **NRS 483.010** through **483.630**, inclusive, unless such violation is declared to be a felony by **NRS 483.010** through **483.630**, inclusive, or other law of this state.
6. I understand that I cannot provide interpretation services for family members including, but not limited to, a blood relation or a person related by marriage.

Interpreters Name: \_\_\_\_\_  
Last Name First Name Interpreter #

\_\_\_\_\_  
Interpreter’s Driver’s License Number Date

Verified in Interpreter/CART Registry  YES Expiration date: \_\_\_\_\_

\_\_\_\_\_  
Interpreter’s Signature Field Service Representative

Signatures must be originals. Photocopies are not acceptable.  
 Changes may not be made to this form after it has been signed and witnessed