Annex

REQUEST

for the issuance / extension of the validity of the authorization to exercise the profession of

interpreter of mimetic-gestural language, interpreter of language specific to the person with deafblindness /

The undersigned …………………………………………………… possessor / possessors of the identity document / passport with the series …………, no. …… ..…., CNP …………………………………, domiciled in the town ………………., Str. ………………………………… ………, no. ………, bl. ……., Ap. ……., Et. ………., County / sector ……………………., Country ……………… .., telephone ……………… .., e-mail ……………………… ..................... ..

I request the authorization to exercise the profession of:

- interpreter of the mimic-gestural language □

- interpreter of the language specific to the person with deafblindness □

I request the extension of the validity of the authorization for the exercise of the profession of:

- interpreter of the mimic-gestural language, no…../………… □

- interpreter of the language specific to the person with deafblindness □
The authorization for the exercise of the profession of interpreter of the mimic-gestural language / interpreter of the language specific to the person with deafblindness will be transmitted:

- in printed format, through the Romanian post (only on the Romanian territory) □

- in PDF / JPG format □

- rises from the ANPDPD headquarters \* □
I express my agreement / disagreement that the National Authority for the Protection of the Rights of Persons with Disabilities, to post on the website www.anpd.gov.ro, my name / first name, the authorization number for the profession of interpreter as well as the date of issue, the e-mail address, the telephone number and make the data mentioned above at the request of third parties.

I agree □

I do not agree □

Date Signature

……………. ……………....

\* ANPDPD - National Authority for the Protection of the Rights of Persons with Disabilities