Language Service Provider Application Form

Information Protected

Personal Information			
Title	Gender ☐ Male ☐ Female	SIN #	GST #
First Name		Middle Name	
Last Name			
Date of Birth (yyyy/mm/dd)	Place of Birth City	Province/State	Country

Countries Lived In	
List below the countries that you lived in for more than one year	
1.	2.
3.	4.
5.	6.

Contact Information			
Address			
City	Province/State	Postal Code	Country
Home Telephone Number	Work Telephone Number	Fax Number	
Cellular Phone Number	Pager	E-Mail Address	

Languages and Services Offered

List language pairs which you interpret/translate. State best languages first. List only languages in which you are fully fluent and willing to be tested. Check the services that apply.

From Language A	To Language B	Interpretation:		Translation:	
		Simultaneous	Consecutive	Full	Proofreading
1.					
2.					
3.					
4.					

Interpreter/Translator Information			
Availability:	☐ 9:00 am - 5:00 pm	☐ 5:00 pm - 12:00 am	☐ 12:00 am - 9:00 am
Internet Connection:	☐ Hi Speed	☐ Dial Up	☐ No Internet Access

How did you hear of Langu-EDGE Solutions Inc.?

Declaration

I hereby certify that all the information provided by me is true and correct and I shall provide proof upon request.

Date	Signature

Langu-EDGE Solutions Inc.
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