

Application for Candidature

TACI.NET

To be filled by the candidate

Mrs./Miss/Mr. Surname _____ Tel (home) _____
 First Name _____ Tel (office) _____
 Postal Address _____ Mobile _____
 _____ e-mail _____
 Date of Birth: (dd/month/year) _____

Present Status: Freelance/Staff Interpreter _____ Organization _____
 Number of days worked _____ .days

	A	B	C
Language classification applied for			

To be filled by at least 2 sponsors

We, the undersigned, active members of TACI, who have had the necessary language classifications, hereby certify that, to the best of our knowledge, the candidate possesses the required professional experience.

Surname: First Name: Member of the Association since: Professional address: Last meeting at which I worked with the candidate: place: date: subject: languages:	I hereby vouch for the following language combination:			Signature: date:
	A	B	C	
	My combination is:			
	A	B	C	
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