



Sign Language Interpreting Request Form

HOURS OF OPERATION

DRC Interpreting
Monday – Friday, 8:30 a.m. – 4:30 p.m. Eastern Time
Email: drc.interpreters@dot.gov

What Type of Interpreting Request Are You Submitting?

- Video Remote Interpreting (Online Meeting)
- On Site Interpreting (In-Person Meeting)

Person Requesting Services/Point of Contact

Name	Phone	Email	DOT Mode
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Additional Point of Contact

Name	Phone	Email	DOT Mode
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Deaf Customer Receiving Services

Name	Phone/Videophone	Email	DOT Mode
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Role of Deaf Customer

	If other, please describe.
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Are Other Deaf Customers Participating in This Event?

<input type="radio"/> Yes <input type="radio"/> No	If yes, please provide their names, contact info, and other important information.
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Type of Interpreting Needed (Please Ask Deaf Customer)

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Meeting/Event Information

Date Service is Required	
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Frequency of Request	<input type="radio"/> One-time Event <input type="radio"/> Reoccurring (Please Specify)
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Start Time	End Time	Duration
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Assignment Type	If other, please describe.
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Title of Meeting/Event*	
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Additional Details	
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**Please email handouts, agenda, and/or PowerPoint slides to drc.interpreters@dot.gov, prior to the meeting/event.*

In-Person Meeting Location

Street Address:
City, State, Zip
Room Number

Online Meeting Information

Meeting Platform Type	<input type="radio"/> MS Teams (DOT) <input type="radio"/> Zoom (FAA) <input type="radio"/> Other (Please Specify)
Call-in Number (Please provide when available for each meeting or event.)	
Passcode	
Web Meeting Hyperlink	

Submitting this interpreting request affirms that this is a reasonable accommodation for a government employee(s), applicant(s) or customer(s) for an official government-sponsored meeting, activity or program.

*Be sure to **SAVE YOUR FORM** before clicking submit, to keep your info for future use.*

