



U.S. Department of State

REQUEST FOR TRANSLATION SERVICE

Office of Language Services Translating Division
Telephone (202) 261-8777 - Fax (202) 261-8787
E-mail: translation@state.gov

Job Number
(For Language Services use only)

TO BE FILLED OUT BY REQUESTER

Date of Request <i>(mm-dd-yyyy)</i>		Needed by <i>(an actual date is required) (mm-dd-yyyy)</i>	
Requesting Agency and Mailing Address <i>(if other than U. S. Department of State)</i>		Billing Address <i>(if other than U. S. Department of State)</i>	
Office Symbol	Agency Locator Code <i>(if other than DOS)</i>	Fiscal Information <i>(if applicable)</i>	
Signature of Authorizing Official		Print Name	
Point of Contact		Telephone	
Subject Matter Expert		Telephone	

Title or Description of Material to be Translated

From <i>(Source Language)</i>	Into <i>(Target Language)</i>	<input type="checkbox"/> No Rush	<input type="checkbox"/> Rush
<i>(a 15% surcharge will apply for extremely short deadlines)</i>			
Level of Difficulty <i>(may be adjusted at discretion of Language Services)</i>			
<input type="checkbox"/> General <input type="checkbox"/> Semi-Technical <input type="checkbox"/> Technical			
Level of Security Classification, If Any	Reference Material Included?	Related Material Previously Translated? LS No. if known:	

Type of Service Requested:

Formal Translation *(a polished, carefully researched and reviewed translation intended for official and/or wide distribution)*

Unreviewed Translation *(a full translation, unreviewed, recommended when needed for information only)*

Comparison *(certification of treaty or international agreement)* Address comparison memo to _____

Summary _____ **Other** _____

Special Formatting or Software

Other Special Instructions

Translations will be Returned to the E-Mail Address Below Unless Otherwise Specified

E-mail address _____ Fax No _____

Other _____

Cancellation Policy: Language Services will begin work on this request as soon as possible. If you decide to cancel or change your request, you will be responsible for any expenses incurred until you inform us in writing *(e-mail or fax)* of your decision. Notification by telephone should be confirmed in writing.

FOR LANGUAGE SERVICES USE ONLY

	Translator(s)	Reviewer(s)	Typist	Proof	E-Mailed on/by	
Name						
Date Completed <i>(mm-dd-yyyy)</i>					English	Level of
Time Required						