



APPLICATION FOR EXTRA FOREIGN CREDENTIAL EVALUATION REPORTS AND/OR TRANSLATION

(Please note that we will only issue extra evaluation reports and translations for three years after the original date of completion. If your original service was provided over three years ago, please visit www.jsilny.com for information on how to apply for a new service.)

PERSONAL INFORMATION

If you have a U.S. Social Security Number, please list it: _____ / _____ / _____ Gender: _____
Male/Female

Full name: _____
Last name Given name Middle/Maiden name

Address: _____

City State Country (if not US) Zip Code

Date of birth: _____ Country of citizenship: _____ Country of birth: _____
Month / Day / Year

Telephone: _____ Fax: _____ E-mail: _____
Area code and number Area code and number

Date service(s) originally completed with JS&A: _____

*** Please specify which type of report and quantity you are ordering. This process takes 10 working days from the date we receive this form and payment. Please check the desired turnaround time if you are requesting a rush service.

BASIC FEES:

Foreign credential evaluation: (\$30.00 each): _____ Sealed: _____ (\$35.00 each)
How many? How many?

Translation service (**up to 1 year** after completion)
** (\$30.00 each): _____ Sealed: _____ (\$35.00 each)
How many? How many?

Translation service (**after 1 year** of completion)
** (\$50.00 each): _____ Sealed: _____ (\$55.00 each)
How many? How many?

(** **IMPORTANT:** Please provide **photocopies of your original documents** if translation service is over 1 year old.)



RUSH FEES:

24-hr. report (US \$150.00 + basic fee) _____
2-day report (US \$100.00 + basic fee) _____
5-day report (US \$50.00 + basic fee) _____

Secure mailing service: (\$15.00, \$40.00 or \$80.00 each) _____
How many?

We mail extra evaluation reports and translations by first class U.S. mail. If you wish to use the secure mailing service, be very specific what should be included and to whom it should be sent.

***** Please print below the FULL name and mailing address of the individual(s)/institution(s) to which these reports are to be sent. If requesting more than 2 reports, please attach a sheet with additional addresses.**

All evaluation reports and translations will be sent by the United States first class mail. If you would like for us to send your report by a secured mailing service, please choose from the following options:

- Within the United States: - By certified mail: US\$ 15.00 per address
 - By courier: US\$ 40.00 per address
Outside of the United States: - International courier: US\$ 80.00 per address

Make the bank check or money order payable to Josef Silny & Associates, Inc. If you are paying by a credit card you must fill out and submit the Credit Card Information form. All fees are NON-REFUNDABLE.

I certify that all information provided in this application is complete, factually accurate, and honestly presented. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it. I release Josef Silny & Associates, Inc. from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation. Any litigation arising out of this agreement will have its venue in Miami-Dade County, Florida. The prevailing party in any litigation arising out of this agreement is entitled to reasonable attorney's fees and all costs accrued during the litigation.

Signature of the Applicant

Date

Josef Silny and Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, Florida 33173
Tel: (305) 273-1616 Fax: (305) 273-1338
E-mail: info@jsilny.com



Josef Silny & Associates, Inc.
International Education Consultants
Tel: (305) 273-1616
Fax: (305) 273-1338 / Translation Fax: (305) 273-1984
E-Mail: info@jsilny.com
Website: www.jsilny.com

CREDIT CARD INFORMATION

You must provide a front and back photocopy of your credit card AND a photocopy of your U.S. driver's license or foreign passport.

Name of Cardholder:

As it appears on the credit card _____
First Middle Last

Name of Applicant:

If different from the cardholder _____
First Middle Last

Billing Address:

Number Number Street Apt #

City State Zip/Postal code Country

I authorize Josef Silny & Associates, Inc. to charge my (check one):

VISA MASTER CARD DISCOVER

in the **total** amount of \$ _____ **(total amount must be filled in in order to process your order).**

CREDIT CARD NUMBER: _____

3-digit security code on back of card: _____

Expiration Date (month/year): _____ / _____

Signature of Cardholder (Required): _____

Date: _____

This signature authorizes Josef Silny & Associates, Inc. (JS&A) to charge the amount for the requested services in U.S. dollars and the cardholder agrees to be bound by all Terms and Conditions (including that all fees are **(non-refundable)** as stated in the JS&A application.