



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.org 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

Full Address: _____ Apartment #: _____

City _____ State _____ Zip code _____ Country (if not U.S.) _____

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 and purpose of the service(s) originally completed with JS&A: _____

*** Please specify which type of report and quantity you are ordering. This process takes 10 business days from the date we receive this form and payment. You may also request a rush service.

BASIC FEES:

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

Translation service (**up to 1 year** after completion)

** (U.S. \$30.00 each): _____ Sealed: _____ (U.S. \$35.00 each)
How many? How many?

Translation service (**after 1 year** of completion)

** (U.S. \$50.00 each): _____ Sealed: _____ (U.S. \$55.00 each)
How many? How many?

(IMPORTANT:** Please provide clear and legible photocopies of the documents which were previously translated. Without these documents in the original language, we will not be able to provide you with the extra translation report).



RUSH FEES:

24-hr. report (excluding mail time) (\$150.00 + basic fee) _____

2-day report (excluding mail time) (\$100.00 + basic fee) _____

5-day report (excluding mail time) (\$50.00 + basic fee) _____

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

Please specify how many reports you would like us to send and to which address.

1) _____

2) _____

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 continental United States: - By certified mail: U.S. \$15.00 per address – How many? _____

- By courier: U.S. \$45.00 per address – How many? _____

Outside of the United States: - By international courier: U.S. \$85.00 per address – How many? _____

Those in extended delivery areas will be billed for the balance of the fee.

If you would like us to e-mail instead of mail your reports, provide us with a legible and accurate e-mail address: _____

The cost of emailing an evaluation report is \$30 for each email address. The cost of emailing a translation report (up to 1 year after completion) is \$30 for each email address and the cost of emailing a translation report (after one year from completion) is \$50 for each email 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 certify that I have read the instructions and conditions (including that all fees are **non-refundable**) and agree to the terms stated therein. 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.



X _____
Signature of the Applicant

Date

**Josef Silny and Associates, Inc.
International Education Consultants**

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Miami, Florida 33173

Tel.: (305) 273-1616 Fax: (305) 273-1338

E-mail: info@jsilny.org



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

CREDIT CARD INFORMATION

You must include the credit card holder's copies of the front and back of the credit card and U.S. Driver's License OR Foreign Passport.

Name of Cardholder:

As it appears on the credit card _____
First Middle Last

E-mail address: _____ Phone No.: _____
Area code and number

Name of Applicant:

If different from the cardholder _____
First Middle Last

Billing Address: _____
Street address Apartment number (if applicable)

_____ City State Zip code Country (if not U.S.)


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

VISA MASTER CARD DISCOVER

in the **TOTAL** amount of U.S. \$ _____ **← (TOTAL amount of your order must be filled in to process your payment.)**

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.