

放弃免费口译服务声明书

我, _____, 承认 _____

已告知我, 根据哥伦比亚特区《2004年语言利用法案》的规定, 我有权免费获得一名专业且训练有素的口译员的服务。通过在下面签名, 我同意拒绝这项服务, 并选择使用由我认定的人员所提供的口译协助。我明白该人员未经过哥伦比亚特区机动车辆管理局 (DMV) 的鉴定或审查, 且哥伦比亚特区机动车辆管理局不负责该服务的提供, 亦不承担可能由该人员提供之服务所引起的任何责任。我承认我认定的口译员已年满 18 岁。我亦明白本放弃书仅适用本次的情况。若我今后需要哥伦比亚特区机动车辆管理局提供口译协助, 我将直接联系管理局要求该服务。

正楷姓名

签名日期

OFFER OF FREE INTERPRETER SERVICES WAIVER FORM

I, _____, acknowledge that _____ has notified me of my right to a professional and trained interpreter as required by the D.C. Language Access Act of 2004 at no cost to me. By signing below I agree that I have refused this service and opted to rely on interpreter assistance by someone I have identified. I am aware that this individual was not identified by or vetted through DC Department of Motor Vehicles and that DC Department of Motor Vehicles is neither responsible for the provision of these services nor does not incur any liability that may result from these services. I acknowledge that the interpreter I have identified is at least 18 years of age. I am also aware that this waiver only applies to this one instance. If I require interpreter assistance from DC Department of Motor Vehicles in the future, I will notify the agency directly to request this service.

Print Name

Signature Date