



**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](http://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.**

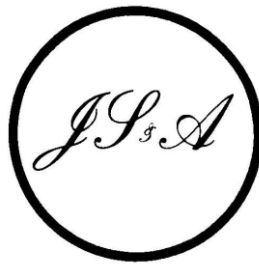
**BASIC FEES:**

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](mailto: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.