

TRANSLATION REQUEST FORM AND STEPS

PLEASE USE ONE COVER SHEET PER LANGUAGE

- I. **Type your information in the appropriate blanks and click the appropriate check boxes.**
- II. Print, sign & date this form with a wet ink signature. (*Unsigned requests will not be honored*)
- III. Select and circle the language into which your document is to be translated:
 - a. **GROUP A: \$30.00/page for the following languages:** Albanian, Amharic, Armenian, Azeri, Bulachi, Belorussian, Bengali, Bosnian, Bulgarian, Burmese, Catalan, Croatian, Czech, Chechen, Dari, Euskara, Fante, Farsi, French, Fulani, Galician, Georgian, Greek, Gujarati, Haitian Creole, Hausa, Handi, Hmong, Hungarian, Ibo, Ilocano, Indonesian, Italian, Kashmiri, Kazakh, Khmer, Kurdish, Lao, Latvian, Lithuanian, Malayalam, Mandarin, Marathi, Mongolian, Nepali, Occitan, Oromo, Pashto, Polish, Portuguese-European, Portuguese-Brazilian, Punjabi, Romanian, Russian, Serbian, Slovenian, Slovak, Somali, Spanish, Swahili, Tagalog, Tajik, Tamil, Telugu, Thai, Tigrinya, Turkish, Turkmen, Twi, Ukrainian, Urdu, Uzbek, Vietnamese, Wolof, Yoruba
 - b. **GROUP B: \$40.00/page for the following languages:** Afrikaans, Arabic, Cantonese, Cubano, Danish, Dutch, Finnish, Flemish, German, Hawaiian, Hindko, Hebrew, Japanese, Kannada, Korean, Latin, Mandarin, Norwegian, Papamianto, Samoan, Sinhalese, Swedish, Tongan, Yiddish
- IV. **Use the printed and signed form as a cover letter and execute one of the following:**
 - a. Scan and email the cover letter along with the document(s) you are presenting for translation to:
Translations@apostille.ca@gmail.com
 - b. Fax the cover letter along with your documents to 949-340-2590

FIRST NAME:

LAST NAME:

EMAIL:

PHONE:

- * **CLICK the check box if your translation requires an apostille**
- * **CLICK the check box if your translation requires notarization**

GENERAL DELIVERY TIMES:

1 – 4 pages = 2-3 business days
5 - 8 pages = 3-4 business days
9-12 pages = 4-5 business days
13-16 pages = 5-6 business days

CALCULATION OF FEE

NUMBER OF PAGES= =a
FEE PER PAGE = =b
TOTAL FEE DUE = =a times b

TERMS AND AGREEMENT: My signature on this form affirms that I have filled out this form properly to the best of my knowledge and that my order is final and cannot be cancelled after I have submitted this form, received confirmation of my request and paid the required fee via the link in my confirmation email. I further agree and affirm that if my document exceeds 225 words per page, an extra fee will apply.

Signed: _____ DATE: _____

Sign and date above before scanning or faxing your request

* **We will contact you concerning the additional fees for these items**

We have an affiliate relationship with the translation company for our translation services and we may be compensated by your purchase at **NO ADDITIONAL COST TO YOU.**