



INDIANA DEPARTMENT OF TRANSPORTATION

100 North Senate Avenue
Room N758
Indianapolis, Indiana 46204

PHONE: (855) 463-6848

Mike Braun, Governor
Kent Abernathy, Commissioner

Limited English Proficiency (LEP) Request Form

Name: _____

Address: _____

City State Zip Code

Email Address: _____ Phone: _____

I hereby request the following LEP services because I do not speak English as my primary language and I have limited ability to read, speak, write and understand the English language:

- Additional Time (to complete the application and qualification examination).

- Interpretation Services

Interpreter Language:

___ Spanish ___ Chinese ___ German
___ French ___ Russian ___ Korean

- Translation Services

Document Title: _____

Translated Language:

___ Spanish ___ German ___ Chinese
___ French ___ Russian ___ Korean

Signature

Date

Staff Use Only:

Staff Name: _____ Title: _____

Date LEP Request Received: _____ Date LEP Service Provided: _____