

# Sample Translator Certification

[Date]

[Name]

[Title]

California Department of Financial Protection and Innovation  
One Sansome Street, Suite 600  
San Francisco, CA 94104-4428

Re: Receipt Translation

Dear Mr./Ms. [ ]:

I, (YOUR NAME), am the (YOUR TITLE/POSITION) for (LICENSEE). I am fluent in both English and (LANGUAGE: Spanish/Tagalog/French, etc.), and I certify that the (Spanish/Tagalog/French, etc.) – language translation of the attached receipt is a true and correct translation of the English-language portion of the attached receipt.

If you have any questions or require additional information, please contact me at (PHONE NUMBER).

Sincerely,

NAME  
TITLE/POSITION