

**APPLICATION FOR WISCONSIN INTERPRETING  
AND TRANSLITERATING ASSESSMENT (WITA)**

Name – Applicant (Last, First, MI)		Telephone Number (Home)
Address (Street, PO Box, City, State, Zip Code)		
County of Residence	Email Address	Telephone Number (Cell)

Performance Assessment—Please enclose proof of passing the WITA Written Exam within the past year or Registry of Interpreters for the Deaf (RID) Generalist Written Exam within the past five years.

Preferred Test Date	Office for Deaf and Hard of Hearing (ODHH) Regional Office <b>Madison</b>
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Only RID-NIC written exam will be accepted. A copy must be enclosed.

The fee for the Performance Assessment is \$150, which can only be paid with a **cashier's check or money order**. *Personal checks or cash will not be accepted.* **Application fees are non-refundable.**

Mail your application and fee to the ODHH Regional Office at least **three weeks before the test date**. Applications are processed on a first-come, first-serve basis. An assessment slot WILL NOT be assigned until payment is received. There will be no exceptions to this policy.

ODHH—Southern Region  
1 West Wilson Street, Room 451  
PO Box 7851  
Madison, WI 53707-7851