STATUTORY DECLARATION FOR TRANSLATORS
DOCUMENTS TRANSLATED FOR A CANADIAN TRAVEL DOCUMENT APPLICATION

Note: Certified professional, non-certified professional and third party translators cannot be a relative of the applicant and cannot translate their own documents.

This form must be completed by all translators to attest to their skills and the accuracy of the translated document(s) for a Canadian travel document application.

Instructions for certified professional translators and non-certified professional translators: complete sections **A** and **C**.

Certified professional translator: a member in good standing of a professional translation organization in Canada or abroad with certification confirmed by a seal or stamp.

Non-certified professional translator: a member or employee in good standing of an official organization (e.g. translation organization, government institution, or private agency, etc.). This individual must have formal education and training and be employed as a trained translator. Non-certified professional translators do not have a stamp or seal.

Instructions for third party translators: complete section **B**. Complete and sign section **C** in the presence of an official, a person who, by law, is authorized to administer an oath or a solemn declaration. Section D is to be completed and signed by the same official.

Third party translator: an individual that does not perform translation as part of their profession but has the necessary language skills and knowledge to translate documents. Third party translators cannot translate court documents and legally binding agreements.

Type or print in CAPITAL LETTERS using black or dark blue ink.

SECTION A - FOR CERTIFIED PROFESSIONAL/NON-CERTIFIED PROFESSIONAL TRANSLATOR USE ONLY					
CONTACT INFORMATION					
Surname (last name)	Given name(s)				
Name of Organization you belong to or work for					
Contact information of Organization you belong to or work for (Phone number, email address, website)					
Business Address of Organization you belong to or work for Number Street Suite City Province/Territory/State Country Postal/ZIP code					
Your professional contact information (Phone number, email address, website): ***If different than that of your organization**					
Your Business address ***If different than that of your organization** Number Street Suite City Province/Territory/State Country Postal/ZIP code					
Membership details (Translation organization and membership number if available)					

SECTION B – FOR THIRD PARTY TRANSLATOR USE ONLY					
CONTACT INFORMATION					
Surname (last name)	Given name(s)	Phone number			
Address Number Street Apt City Province/Territory/State Country Postal/ZIP code					

SECTION C – FOR USE BY ALL TRANSLATORS

Note: Third party translators must complete this section in the presence of an official.

DECLARATION OF TRANSLATOR

I _____ have produced a translation of the following document(s) and I certify that the translation is a true, accurate and
(Name)
complete version of the original text and that I am not a relative of the applicant.

Complete the table below with the document(s) being translated to accompany a Canadian travel document application.

Name of original document being translated	Date of original document being translated (YYYY-MM-DD)	Language of:		Date document was translated (YYYY-MM-DD)	Name of the bearer of the translated documents
		Original document	Translated document		
1.					
2.					
3.					
4.					
5.					

I am attesting that I am a non-certified professional translator, fluent in _____ and _____ and I declare that the above
language 1 language 2
information is, in all respects, true and accurate.

Signature of translator	Date (YYYY-MM-DD)	Signed at City Province/Territory/State Country

SECTION D – FOR THIRD PARTY TRANSLATOR USE ONLY

DECLARATION OF OFFICIAL

Surname (last name)	Given name(s)

Occupation ☐ Commissioner for oaths ☐ Lawyer ☐ Notary public ☐ Consular staff with delegated signing authority

Daytime telephone number	Evening telephone number	Cell number or email address (optional)

Business address

Number Street City Province/Territory/State (if applicable) Country Postal/ZIP code

DECLARATION — Made in my presence ☐ Under oath \ ☐ Solemn declaration

Signature of official	Date (YYYY-MM-DD)	Signed at City Province/Territory/State (if applicable)