

THE TRUSTFORTE CORPORATION

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To request translation or evaluation: (1) Fax application form and applicable documents **OR**
(2) e-mail information requested in application form with attachment of applicable documents to: info@trustfortecorp.com

APPLICATION FOR EVALUATION OF FOREIGN CREDENTIALS

REQUESTED SERVICE

- | | |
|---|---|
| <input type="checkbox"/> Certified Translation | <input type="checkbox"/> Expert Opinion Letter - Extraordinary Ability |
| <input type="checkbox"/> Academic Equivalency Evaluation | <input type="checkbox"/> Expert Opinion Letter - Response to RFE / Denial |
| <input type="checkbox"/> Evaluation with AACRAO/EDGE Analysis | <input type="checkbox"/> Professional Position Evaluation |
| <input type="checkbox"/> Education/Experience Evaluation | <input type="checkbox"/> Course-by-Course Evaluation |

PROCESSING TIME

- Standard Processing
- Expedited Service
- Rush Service
- Same-day Service

CASE TYPE

- | | |
|--|--|
| <input type="checkbox"/> H-1B / L-1 / E Visa etc. | <input type="checkbox"/> PERM Audit |
| <input type="checkbox"/> Labor Certification / I-140 | <input type="checkbox"/> O-1 Petition |
| <input type="checkbox"/> Admission to US School | <input type="checkbox"/> Employment Purposes |
| <input type="checkbox"/> Other | <input type="text"/> |

CANDIDATE'S INFORMATION

Name: Mr. Ms. Last/Family Given Middle

Date of Birth: Country of Education:

Documents Submitted: Gender: Male Female

- a.
- b.
- c.
- d.
- e.

EQUIVALENCY EXPECTED (FIELD)

Name: Phone:

Company (if applicable) Fax:

Address: Email:

Referred by: