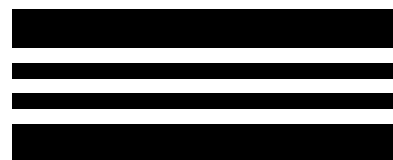


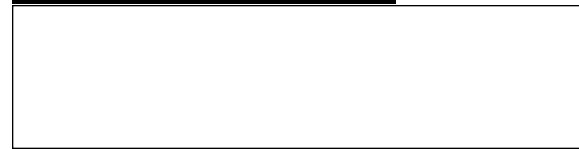


# Court Reporter Certification Application



Send this completed application with your check or money order for \$150 payable to Department of Licensing to:

**Court Reporter Program**  
**Department of Licensing**  
**PO Box 3856**  
**Seattle, WA 98124-3856**



**Application type** (check one):

- Original application through Washington State examination.**
- Reapplication through Washington State reexamination.** Date of last exam: \_\_\_\_\_
- Application using National Court Reporters Association designation.** Please attach documentation to verify proof of certification from the National Court Reporters Association.
- Application using National Stenomask Verbatim Reporters Association designation.** Please attach documentation to verify proof of certification from the National Stenomask Verbatim Reporters Association.
- Application using reciprocity.** Please attach documentation to verify current licensure and proof of examination that meets or exceeds the Washington State standards. Name of state: \_\_\_\_\_

### Applicant

PRINT or TYPE Applicant name (Last, First, Middle)			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
PO Box or street address				
City	State	ZIP code	County	
(Area code) Daytime telephone number	Date of birth (mm/dd/yyyy)		Social Security number required*	
<p>Answer the following</p> <p>1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has any professional or occupational license, certification, or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction in this state, any other state, by the federal government, or any other jurisdiction? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach a letter of explanation for any "Yes" answers to questions 1-4 above, including charges, date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.</p>				

\*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it will result in denial of your application.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

\_\_\_\_\_ **X** \_\_\_\_\_  
Date and place Signature

Providing any false information in this application may be cause for the denial, suspension, or revocation of your certification as a court reporter in the state of Washington.