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| <b>Date Filed:</b> _____ <b>File #:</b> _____ |
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Revised: 07/28/2006



**COURT REPORTERS CERTIFICATION BOARD**  
*A Division of the Office of Court Administration*  
**Application for Eligibility of Certification by Endorsement**

**Instructions: Forms must be typewritten.**  
 To apply for Certification by Endorsement, the process is two-fold. **First**, the applicant must complete this eligibility application. The Board will notify the applicant in writing once their eligibility status has been determined. **Second**, after receipt of eligibility status, the applicant will complete and submit the Application for Certification along with the appropriate exam registration papers and any applicable fees.

Licensees must complete Part I of this form, have it notarized, and forward the entire form to the Board or Agency of the jurisdiction in which you are currently licensed. The licensing agency shall complete Part II of the form and, in turn, forward the entire application to the Texas Court Reporters Certification Board.

**Part I- Applicant**

|   |  |
|---|--|
| <b>1a. Legal Name:</b> (Last, First, Middle)                                      |  |
| <b>1b. Name as you'd like it to appear on your license:</b> (Last, First, Middle) |  |

|  |  |             |  |                            |  |               |  |
|--|--|-------------|--|----------------------------|--|---------------|--|
| <b>2. Date of Birth:</b><br>(mm/dd/yy) |  | <b>SSN:</b> |  | <b>Driver's License #:</b> |  | <b>State:</b> |  |
|--|--|-------------|--|----------------------------|--|---------------|--|

|                            |  |                 |  |               |  |
|----------------------------|--|-----------------|--|---------------|--|
| <b>3. Mailing Address:</b> |  |                 |  |               |  |
| <b>County:</b>             |  | <b>Phone #:</b> |  | <b>Fax #:</b> |  |
| <b>Email Address:</b>      |  |                 |  |               |  |

|   |                     |  |
|---|---------------------|--|
| <b>4. Name as it appears on your license from the jurisdiction to which this form is being forwarded:</b> | <b>License No.:</b> | <b>Certification Date:</b><br>(mm/dd/yyyy) |
|   |                     |  |

|   |  |
|---|--|
| <b>5. I am applying for certification in Texas by virtue of my certification by the State of:</b> |  |
|---|--|

|  |
|--|
| <b>6a. Current Licensure Status:</b> <i>(Provide explanations in 6B.)</i>  |
| <input type="checkbox"/> Active/Current <input type="checkbox"/> Inactive/Lapsed <input type="checkbox"/> Suspended <i>(explain)</i> <input type="checkbox"/> Revoked <i>(explain)</i> <input type="checkbox"/> Other <i>(explain)</i> |

|   |
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| <b>6b. Explanation(s):</b> <i>(Attach additional sheets of paper if necessary.)</i> |
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|  |                |
|--|----------------|
| <b>7. Have you previously been convicted of a criminal offense other than a minor traffic offense?</b>   | Yes ___ No ___ |
| <i>If yes, submit a notarized statement explaining in detail the facts and circumstances concerning the charge and conviction. Include pertinent dates, name of court in which the case was tried, your present status concerning the conviction, and copies of any relevant court documents. Per § 52.0211 (a) of Chapter 52, V.T.C.A, applicants are subject to §53.021 of the Occupations Code. Under this section of the Code, the Board has authority to suspend or revoke a license, disqualify a person from receiving a license, or deny to a person the opportunity to take a licensing examination on the grounds that the person has been convicted of a felony or misdemeanor that directly relates to the duties and responsibilities of the licensed occupation.</i> |                |

|  |                |
|--|----------------|
| <b>8. Have you ever been the subject of a disciplinary action by a licensing authority, including Texas?</b>   | Yes ___ No ___ |
| <i>If you have been the subject of a disciplinary action, submit a notarized statement explaining in detail the facts and circumstances concerning the allegation and the outcome. Include pertinent dates, names, state in which the complaint was filed, your present status concerning the complaint, and copies of any relevant documents.</i> |                |

|   |                       |                   |
|---|-----------------------|-------------------|
| <b>9. I authorize the release of any information by the Court Reporting Board to process this application. I further understand that I must pass the written knowledge test (WKT) before I can be licensed in the State of Texas.</b>             |                       |                   |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Applicant's Signature</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Date (mm/dd/yyyy)</td> </tr> </table> | Applicant's Signature | Date (mm/dd/yyyy) |
| Applicant's Signature   | Date (mm/dd/yyyy)     |                   |

State of \_\_\_\_\_

County of: \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, state that I have read the foregoing application and attached exhibits, if any, and have made each statement therein and answered each question therein fully and frankly and without concealment or reservation, and such question and answers are, within my personal knowledge, true and complete.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

(Personalized Seal)

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**Part II- To be completed by licensing agency**

Please complete Part II of this form and return complete application to: Texas Court Reporters Certification Board, 205 W. 14<sup>th</sup> St., Ste. 101, Tom Clark Bldg., Austin, TX 78701. The applicant's application cannot be processed until this form is returned to the Board. **Please do not return this form to the applicant.**

**Section A: Applicant Information**

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>1. Applicant is licensed under the name of:</b>  |   | <b>2. Applicant is certified by the method of:</b>  |   |   | <b>3. Applicant is certified by the State of:</b>        |
|   |   | <input type="checkbox"/> Machine Shorthand <input type="checkbox"/> Oral Stenography <input type="checkbox"/> Written Shorthand |   |   |  |
| <b>4. Licensed By:</b>  | <b>5. Type of Exam Taken:</b>   | <b>6. Date Passed Skills Exam:</b><br>(mm/dd/yyyy)  | <b>7. Date Passed Written Exam:</b><br>(mm/dd/yyyy) | <b>8. Date Certification Expires:</b><br>(mm/dd/yyyy) |  |
| <input type="checkbox"/> Exam<br><input type="checkbox"/> Endorsement<br><input type="checkbox"/> Other (_____) <p style="text-align: center;"><i>Description</i></p>   | Skills/Dictation<br><input type="checkbox"/> Written<br><input type="checkbox"/> Both |   |   |   |  |
| <b>9. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction, or limitation? (If yes, attach a certified copy of disciplinary action.)</b> |   |   |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>10. Applicant's certification exam results:</b><br>(Please indicate <b>Pass</b> or <b>Fail</b> by each section)  |   | Literary: _____   Jury Charge: _____   Q&A: _____   |   |   |  |

**Section B: State Certification Exam Information**

(This section must be completed based on your states "current" certification requirements.)

|  |                                       |  |   |                                      |
|--|---------------------------------------|--|---|--------------------------------------|
| <b>11. Certification Results:</b>  | <b>12. Words Per Minute Required:</b> | <b>13. Accuracy % Required</b>   | <b>14. Two Voice:</b>                                 | <b>15. Number of Errors Allowed:</b> |
| <b>Literary:</b>   |                                       |  | <input type="checkbox"/> Y <input type="checkbox"/> N |                                      |
| <b>Jury Charge:</b>  |                                       |  | <input type="checkbox"/> Y <input type="checkbox"/> N |                                      |
| <b>Q&amp;A:</b>  |                                       |  | <input type="checkbox"/> Y <input type="checkbox"/> N |                                      |
| <b>16. Does your state grant the privilege of reciprocal certification to Texas registrants?</b> |                                       | <b>17. Are applicants required to pass all 3 portions of skills exam at one time: If 'no', please attach documentation detailing exam requirements for your state.</b> |   |                                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |                                      |
| <b>18. Are court reporters certified by your state?</b>  |                                       | <b>19. Who administers the certification exam (if #18 is checked "Yes")?</b>   |   |                                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                       |  |   |                                      |

***I certify that the information contained herein is true and correct according to the official records of this State.***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Agency/Board Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Telephone Number

(Seal)