TEXAS COURT REPORTERS CERTIFICATION BOARD

P.O. Box 13131 Austin, Texas 78711-3131 512/463-1630

CONTINUING EDUCATION WAIVER REQUEST FORM

The deadline to request a waiver is September 30th of the year your license expires.

| Applicant's Name | Certification Number |
|------------------|-------------------------------|
| Street Address | Certification Expiration Date |
| City, State, Zip | Daytime Phone Number |

In accordance with Rule (m) of the *Continuing Education Rules for Court Reporters*, please set out below a detailed statement of the facts and grounds upon which your waiver is requested. If more space is needed, please insert and number additional pages immediately following Page 1. Also, attach any documents supporting your request. IN ORDER FOR YOUR WAIVER TO BE CONSIDERED, THIS PORTION MUST BE COMPLETED.

(Attach additional pages as needed.)

CONTINUING EDUCATION WAIVER REQUEST FORM (continued)

| My request for a continuing education | on waiver is base | sed on: (Please check the hardship situation that applies to you. |
|---|---|---|
| of the | ime service in the United Staruntial part of the I | ates during a |
| by a | capacitating illne statement fron ed physician. | ness documented om a currently |
| sites docun | 1.1 | yed programs atement from a |
| shall be the same as those for reporters active | orting, but maintain t ely reporting i.e., CE intain their license, | their license, the requirements to maintain their licenses CE compliance, renewal fees, etc. CSRs who wish to retire e, shall submit written notification to the Board office of t said change from active to inactive. |
| STATE OF TEXAS COUNTY OF | | |
| | | duly sworn, state that I have the read the foregoing waiver atement therein and answered each question therein fully and ons are, within my personal knowledge, true and complete. |
| | Signature of Court | rt Reporter |
| Sworn to and subscribed before me on the | day of | 20 |
| (Personalized Seal) | Notary Public's S | Signature |