

JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

Update of Name and Contact Information Form

Please Type or Print Legibly		
Please check the appropriate box below:		
Court Reporters	Certification	☐ Licensed Court Interpreters
☐ Guardianship Certification ☐ Process Server Certification		
<u>Submit Form to this Address:</u> Judicial Branch Certification Commission, P O Box 12066, Austin, TX 78711-2066		
(All fields must be completed. Notifications to applicants will be sent via email.)		
Applicant Information		
Applicant Name: (Individual or Court Reporting Fi	irm)	
CRC File Number: (for uncertified CRC individuals)		
Certification, or License Nu		
Name you would like on your license: (Last, First, Middle)	card or	
	·	
Is this a name change: Supporting documentation required for name changes. (e.g. copy of marriage license, driver's license, or court order.)		
Yes (or) No		
Mailing Address:		
Phone #:	Fax #:	Email Address:
		ess Contact Information
	ıblicly available. If left b	lank, mailing address above will be used for business contact purposes.)
Employer: (Name, if self-employed)		
Mailing Address:		
Phone #:	Fax #:	Email Address:
Signature of Applicant		Date