



JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

Court Reporters Certification

Application for Exam Eligibility for Non First-Time Applicants

Please Type or Print Legibly

Submit Application to: PO Box 12066, Austin, TX 78711-2066

(All fields must be completed. Notifications to applicants will be sent via email.)

All applicants must submit a statement of proficiency (SOP) prior to taking the oral exam.

Test Part to be Taken:	<input type="checkbox"/> Both Exams		<input type="checkbox"/> Oral (<i>skills</i>) only		<input type="checkbox"/> Written (<i>WKT</i>) only.
Examination Date:					
Testing by way of:	<input type="checkbox"/> Examination		<input type="checkbox"/> Reinstatement (<i>of expired certification</i>).		<input type="checkbox"/> Endorsement
Testing Method: (<i>Oral Exam Applicants Only</i>)	<input type="checkbox"/> Machine Shorthand		<input type="checkbox"/> Oral Stenography		

(Check the box below that is applicable. Skip this section if you are not applying for the oral exam.)

I have completed & attached my proficiency document for the portion of the exam I'm applying for:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My previous proficiency is still valid; therefore, I do not need to submit it for the exam I'm applying for.	<input type="checkbox"/>	

Check the box below which is applicable to you. If none are applicable, or if you're reinstating an expired certification, please skip this section.

<input type="checkbox"/> I'm already certified under the method of _____	My certification # is: _____	I previously passed the WKT on: _____.
<input type="checkbox"/> I'm seeking to obtain certification under multiple methods (i.e., machine shorthand and oral stenography). I've previously applied for certification under the method of _____ and was assigned file # _____ I previously passed the WKT (<i>under that file number</i>) on _____.		

Applicant Information					
Applicant Name:					
CSR or File Number:					
Mailing Address: (<i>Include city, state, and zip</i>)					
Phone #:		Cell #:		Email Address:	
Check which of these is applicable to you: (<i>indicate the month/year completed</i>)		<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED _____ Month/Year			
Name, and City/State of school attended:					

Signature of Applicant

Date