

Office Use Only: Date Filed:

Office Use Only: T-Code: 188 PCA: 99906 COBJ: 3175



JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

Court Reporters Certification

Court Reporting Firm Renewal Application

Please Type or Print Legibly

Please check the appropriate box below.

Firm Registration with 50% CSR Controlling Ownership: Renewal Fee of: \$0.00

Renewal fee must be submitted with completed application. Fees must be in the form of a check, money order, or cashier's check payable to the Office of Court Administration.

Submit application to:

courtreporting@txcourts.gov. Include "Firm Renewal" and firm number in subject line.

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

Registration Number:	
Registration Expiration Date:	
Please check <u>one</u> of the following locations:	Affiliate Office <input type="checkbox"/> or Headquarters <input type="checkbox"/>

Applicant Information <i>(This information will be publicly available.)</i>	
Firm Name:	

Mailing Address: <i>(Include city, state, and zip)</i>			
Phone #:		Fax #:	
Email Address:			

Contact Person's Information			
Name (Last, First):			
Mailing Address: <i>(Include city, state, and zip)</i>			
Phone #:		Fax #:	
Email Address:			

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Owner Last Name(s):	Owner First Name(s):	Owner TX CSR # (if applicable):	TX CSR's Percentage of Controlling Ownership:	TX CSR's Certification Expiration Date:

<p>Since your last renewal, have any of your officers, directors, or managerial employees 1) been convicted of a criminal offense other than a minor traffic offense? Or 2) been the subject of a disciplinary action by a licensing authority, excluding the CRCB?</p>	<p>Yes <input type="checkbox"/> or No <input type="checkbox"/></p>
<p><input type="checkbox"/> I have previously reported our criminal conviction &/or disciplinary action(s) to the Commission and have received no other convictions or had any other disciplinary actions since then.</p>	

If you answered yes, and information was not previously provided to the Commission, please attach a written statement providing the dates and explanation of circumstances and attach it to this application.

- I understand that my application must be complete before it will be considered by the JBCC. A complete application consists of the completed application and payment of the appropriate fees.
- I understand that I have until the expiration of my license, certification, or registration to correct any insufficiencies.
- I acknowledge it is my responsibility to read, understand, and abide by the Rules and other applicable standards or codes, which are available from the JBCC's website.
- I acknowledge that the fees submitted with this application are non-refundable.
- I understand that if my application is approved, I have a continuing obligation to notify the JBCC of any changes to my contact, and ownership, information.
- I understand that submitting false information or omitting any required disclosures may result in denial of my application.
- I understand that it is my responsibility, not that of the Commission, to track my expiration and renewal. I further acknowledge that I am to track my renewal by way of the Firm Renewal list, or List of Court Reporters and Firms on the Commission's website.
- I understand that I cannot indicate my new expiration date until such time as my registration is renewed.

I declare under penalty of perjury that I have authority to sign this application and that the information provided in this application is true and correct.

Signature of Applicant

Date

Title: _____

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STATE OF TEXAS
COUNTY OF _____

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DECLARATION

“I am over 18 years of age, of sound mind, capable of making this declaration, and personally acquainted with the facts stated herein:

I am a certified shorthand reporter in good standing and hold certification number _____. I am the owner of more than 50 percent of [COURT REPORTING FIRM] on behalf of which I am submitting, or renewing, registration with the Judicial Branch Certification Commission. As majority owner of the firm, I exercise complete control over the firm, supervise its employees, and am professionally and legally responsible for the reporting services and work product of the firm.”

My name is _____, my date of birth is _____, and
(First) (Middle) (Last)

my address is _____, _____, _____,
(Street) (City) (State)
_____, and _____.
(Zip Code) (Country)

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

Executed in _____ County, State of _____, on the ___ day of _____, 20__.

Declarant