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Office Use Only: T-Code: 188 PCA: 99906 COBJ: 3175
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JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

Court Reporters Certification

Court Reporting Firm Registration Application

Please Type or Print Legibly

Please check the appropriate box below.

- New Registration** (50% Controlling CSR Ownership): **\$0.00**
- Reinstatement of Registration #** Expired 1 yr. or more (50% Controlling CSR Ownership): **\$0.00**

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 Registration" and name of firm in subject line.

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

Registration Expiration Date:	
Firm's Registration Number:	
Please check <u>one</u> of the following locations:	Affiliate Office <input type="checkbox"/> or Headquarters <input type="checkbox"/> (Each Affiliate must register separately and pay the \$200 registration fee.)

Applicant Information

(This information will be publicly available.)

Firm Name:	
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Address for firm's principal place of business:			
Phone #:		Fax #:	
		Email Address:	

Type of Entity (Sole Proprietorship, corporation, or exact type of entity under which operating in the State of Texas.):

If other than a Sole Proprietorship, identify the State and date of its organization:	
State of Organization:	Date of Organization:

Assumed name(s) used by the firm:

(Updated: 09/30/19)

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

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

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:

Has the firm or any of its officers, directors, or managerial employees ever had a license, certification or registration suspended, revoked or denied in any state, or been convicted of a criminal offense other than a minor traffic offense?

Yes or No

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.
- 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 information.
- I understand that submitting false information or omitting any required disclosures may result in denial of my application.
- I understand that I must notify the Commission of changes to my contact information, and ownership, within 30 days of the change.

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 _____ §
§

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