



JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

Court Reporters Certification

Application for Exam Eligibility for First-Time Applicants

Please Type or Print Legibly

Submit with Application for Certification and application fee to: PO Box 13122, Austin, TX 78711-3122

(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>).		
Testing Method: (<i>Oral Exam Applicants Only</i>)	<input type="checkbox"/> Machine Shorthand		<input type="checkbox"/> Oral Stenography		

I have completed/attached my statement of proficiency for the portion of the exam I'm applying for:	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No
--	------------------------------	----	-----------------------------

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 Number: (<i>reinstatement applicants only</i>)					
Mailing Address:					
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:					

Complete this portion only if you are a student or graduate of a court reporting school.	
Name of School:	
City/State of School:	

Signature of Applicant

Date