

Office Use Only:
Date Filed: _____ File #: _____

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T-Code: 188 PCA: 99906 COBJ: 3175



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:** **\$200.00**
- Reinstatement of Registration #** *(expired 1 yr. or more):* **\$200.00**

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 with payment to:
P O Box 13122, Austin, TX 78711-3122

(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"/> <i>(Each Affiliate must register separately and pay the \$200 registration fee.)</i>

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

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

Type of Entity <i>(Sole Proprietorship, corporation, or exact type of entity under which operating in the State of Texas.):</i>	Federal Tax ID # (or) SSN:	Check one box below:
		FEIN <input type="checkbox"/> or SSN <input type="checkbox"/>

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: 08/26/14)

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Contact Person's Information				
Name (Last, First):				
Mailing Address:				
Phone #:		Fax #:		Email Address:

Registered Agent's Contact Information				
Name (Last, First):				
Mailing Address:				
Phone #:		Fax #:		Email Address:

Owner Last Name(s):	Owner First Name(s):	Owner TX Certification # (if applicable):

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 <input type="checkbox"/> or No <input type="checkbox"/>
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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 form and payment of the appropriate fees.
- 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: _____