

<b>Office Use Only:</b> Date Filed: _____ File #: _____
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<b>Office Use Only:</b> T-Code: 188 PCA: 99906 COBJ: 3175
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# JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

## Court Reporters Certification

### Application for Certification

**Please Type or Print Legibly**

- First Time Applicant: \$85.00
- Reinstatement of CSR # *(expired 1 yr. or more)* \$85.00

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.)

Applicant Information
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<b>Full Legal Name:</b> <i>(Last, First, Middle)</i>	
<b>Name you would like on your certification:</b> <i>(Last, First, Middle)</i>	

<b>Date of Birth:</b>		<b>SSN:</b>	
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<b>Mailing Address:</b> <i>(Include city, state, and zip)</i>			
<b>Phone #:</b>		<b>Cell #:</b>	
<b>Fax #:</b>			
<b>Email Address:</b>			

<b>Have you ever been certified as a shorthand reporter in any state including Texas?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when, where and by whom were you certified?		

<b>Check which of these is applicable to you:</b> <i>(Indicate month/year completed)</i>	<input type="checkbox"/> High School Diploma   <input type="checkbox"/> GED   Month/Year
<b>Name and City, state of school:</b>	

<b>Method of certification for which you are applying:</b>	<input type="checkbox"/> Machine Shorthand   <input type="checkbox"/> Oral Stenography
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Have you ever had a license, certification or registration suspended, revoked or denied in any state? <input type="checkbox"/> Yes, but information was previously reported to, and considered by, the Commission. <i>(No documentation is required to be submitted).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal offense other than a minor traffic offense? <input type="checkbox"/> Yes, but information was previously reported to, and considered by, the Commission. <i>(No documentation is required to be submitted).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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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.**

As part of the application process, I understand and agree that:

- My criminal history record information will be obtained by fingerprint search.
- I must follow the approved procedures for having fingerprints taken by an approved vendor.
- I must pay the costs of having my fingerprints taken and the fees for the reports.
- My criminal history record information will be sent directly to the Judicial Branch Certification Commission by the Texas Department of Public Safety.
- My criminal history record information will include information obtained through the Texas Department of Public Safety and the Federal Bureau of Investigation.
- I will provide, if requested to do so by the Judicial Branch Certification Commission, additional documents, records and information relating to my criminal history record information.
- I am responsible for reading the JBCC Rules, adopted by the Supreme Court of Texas and available on the JBCC's website, regarding the consequences of criminal history.
- 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, criminal history record information (*to be obtained after successful completion of the certification exam*), 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 declare under penalty of perjury that the information provided in this application is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date