Application Fee: $125 on or before April 1st
$200 after April 1st
Make checks payable to the Board of Court Reporting

Board of Court Reporting
of the Judicial Council of Georgia
244 Washington Street, S.W., Suite 300
Atlanta, GA 30334

2010 APPLICATION FOR RENEWAL OF CERTIFICATE

Instructions: Note the Application Fee schedule above. The Board of Court Reporting requires an address on file for each certified court reporter. It is your responsibility to notify the Board of Court Reporting upon any changes in your address. The Address and Business Telephone number you provide on this form may be provided to the public.

1. Name _____ _____ _____
Last Name **First Name** **Middle**

2. Address _____

City _____ State _____ ZIP _____ County _____

3. Business Telephone **( )** _____ **4.** Home Telephone **( )** _____

5. Email Address _____ **6.** Certified Court Reporter Number _____

7. Certified Method of takedown: ❑ **Voice Writer** ❑ **Machine Shorthand** ❑ **Other:** _____

8. Are you an official court reporter? ❑**Yes** ❑**No**

9. If "Yes" to Question 8, provide the name of the court and/or the judge to which you are assigned: _____

_____

10. Are you a freelance reporter? ❑**Yes** ❑**No**

11. If "Yes" to Question 10, provide firm affiliation if any: _____

12. Check all designations in which you hold:

NCRA Designation(s):	**RPR**	❑	**RMR**	❑	**RDR**	❑	**CRR**	❑
NVRA Designation(s):	**CVR**	❑	**CM**	❑	**RVR**	❑		

13. In the past twelve (12) months have you been convicted of, or have entered a plea of nolo contendere to, or been granted first offender treatment upon being charged with (1) any criminal offense other than a traffic violation or (2) any traffic violation that involved driving under the influence of alcohol or drugs, homicide or feticide by vehicle, fleeing the scene of an accident, attempting to elude a police officer, or impersonating a law enforcement officer? ❑**Yes** ❑**No (*If yes, please attach an explanation.*)**

14. In the past twelve (12) months have you been disciplined by the Board of Court Reporting of Georgia or any state, national, or federal licensing agency or authority which regulates any profession? ❑ **Yes** ❑ **No (*If yes, please attach an explanation.*)**

15. (Optional): In the event of your incapacity or death, on an attached sheet of paper, please provide the location and address where your court reporting records are stored, as well as a name, address, and phone number of an individual, and their personal/professional relation to you, who are aware of the storage location of your records. In the event of your incapacity or death, information provided in response to this question may be shared as a result of public inquiries.

I certify that all information I have provided on this application and any attached explanations and accompanying forms are true, complete, and correct. I understand that any information provided by me that the Board finds to be false, incomplete, or misrepresented in any respect are grounds for disciplinary actions by the Board, up to and including revocation of my certificate.

Signature _____ Date _____

MAIL FORM TO: Board of Court Reporting, 244 Washington Street, S.W., Suite 300, Atlanta, GA 30334