



LOUISIANA BOARD OF EXAMINERS OF
CERTIFIED SHORTHAND REPORTERS
NCRA/NVRA EXAMINATIONS

RECIPROCAL APPLICATION FOR CERTIFICATION

For Office use only

Received: _____

Fee: _____ Check#: _____

Approved by: _____

NOTICE: This application and questionnaire is to be used by all applicants and must be prepared by the applicant, signed and sworn to by the applicant before a Louisiana Notary Public, and delivered by mail or hand to the Louisiana Certified Shorthand Reporters Board, 1450 Poydras St., Ste 630, New Orleans, LA 70112. The application must be accompanied by a copy of an **NCRA "RPR"**, **"CM"**, or **NVRA "CVR"** certificate, certifying that the applicant passed an examination after 1973, affidavit indicating that applicant's domicile is in the State of Louisiana, proof of domicile in the State of Louisiana (voters registration card or drivers license), High School Diploma or equivalency. The licensing fee to be paid is \$125. A metal seal shall be obtained annually as specified by the Board. You will receive a certification letter and all seal information once application has been processed.

I, _____ PHONE: () _____
Legal Name

ADDRESS _____
Street/P. O. Box City State Zipcode

DOB _____ SOCIAL SECURITY NUMBER: _____

Hereby apply to the Louisiana Certified Shorthand Reporters Board, for certification to practice as a Certified Court Reporter.

PRESENT EMPLOYER: _____ PHONE: () _____

ADDRESS _____
Street/P. O. Box City State Zipcode

LIST PAST EMPLOYMENT PERTAINING TO COURT REPORTING: _____

HOW LONG HAVE YOU BEEN REPORTING IN LOUISIANA? _____
Years/months

SYSTEM OF SHORTHAND: () STENOTYPE () STENOMASK () PENWRITER

TYPE OF REPORTER: () FREELANCE () OFFICIAL

IS THIS YOUR PRINCIPAL EMPLOYMENT? YES/NO, IF NOT WHAT OTHER EMPLOYMENT DO YOU HAVE? _____



DO YOU USE ANY FORM OF AUDIO OR VIDEO EQUIPMENT WITH YOUR REPORTING?
YES/NO IF YES, WHAT TYPE? _____

LIST SCHOOLS ATTENDED AND DATES: (starting with High School) _____

LIST MEMBERSHIPS WITH ANY REPORTER ASSOCIATIONS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES/NO LIST IF APPLICABLE: _____

DO YOU HOLD OR HAVE YOU EVER HELD A LOUISIANA CCR LICENSE OR A CCR/CSR
LICENSE FROM ANOTHER STATE? LIST STATES AND DATES OF ISSUANCE:

U. S. CITIZEN: YES/NO E-MAIL ADDRESS: _____

FAILURE TO COMPLETE APPLICATION IN FULL OR PROVIDING FALSE INFORMATION
MAY RESULT IN DISQUALIFICATION.

City Date Executed Signature of applicant

State of Louisiana, Parish of _____

Before me, the undersigned authority, personally came and appeared _____
_____ to me personally known, who being by me first duly sworn
did depose and say: that the above and foregoing answers and statements were made by him/her and
that they are true and correct.

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public



AFFIDAVIT

State of Louisiana

Parish of _____

I, _____, hereby attest that my domicile is in the State of Louisiana.

(Applicant's Signature)

Thus sworn to and subscribed
Before me, Notary Public,
This _____ day of _____,
20 _____.

(Notary Public)