

# Court Reporter Certification Application



FOR VALIDATION ONLY

001-070-299-0006

**Fee: \$116.00**

Make remittance payable to State Treasurer.  
Send this application with your remittance to:  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048

*Please Type or Print Clearly in Dark Ink*

**Application Type – check one**

- Original application through Washington State examination.
- Reapplication through Washington State reexamination. Date of last exam: \_\_\_\_\_
- Application using National Court Reporters Association designation. Please attach documentation to verify proof of certification from the National Court Reporters Association.
- Application using National Stenomask Verbatim Reporters Association designation. Please attach documentation to verify proof of certification from the National Stenomask Verbatim Reporters Association.
- Application using reciprocity. Please attach documentation to verify current licensure and proof of examination that meets or exceeds the Washington State standards. Name of state: \_\_\_\_\_

**Applicant Information**

APPLICANT NAME		<i>Last</i>	<i>First</i>	<i>Middle</i>
P.O. BOX OR STREET ADDRESS				
CITY		STATE	ZIP	COUNTY
DAYTIME TELEPHONE NO. (    )	DATE OF BIRTH (mo/da/yr)	GENDER <input type="checkbox"/> F <input type="checkbox"/> M		SOCIAL SECURITY NO. – <i>Required per WAC 308-14-090 (1)(d)</i>

**Applicant Personal Data**

1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years?  **Yes**     **No**
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction?  **Yes**     **No**
3. Has any professional or occupational license, certification, or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction?  **Yes**     **No**
4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction in this state, any other state, by the federal government, or any other jurisdiction?  **Yes**     **No**

**Please attach a letter of explanation for any "Yes" answers to the questions above, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.**

**Declaration of Applicant**

I, \_\_\_\_\_, of good moral character, have not engaged in unprofessional  
(PRINT NAME)  
conduct, and have not been determined to be unable to practice with reason, skill and safety due to physical or mental impairment, do solemnly swear or affirm under penalty of perjury that the personal information I have provided in this application is true, complete, and correct; that I have carefully read the materials provided describing the duties of a court reporter in and for the state of Washington; and, that I will perform to the best of my ability, all court reporting acts in accordance with the law. I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my certification as a court reporter in the state of Washington.

**Upon Filing, This Application Becomes a Public Record and is Subject to Public Disclosure Provisions Under RCW 42.56**

**X** \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
CITY STATE

*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-6633 or TTY (360) 664-8885.*