

## Court Reporter Certification Application

Apply for a Court Reporter certification.

Online: https://professions.dol.wa.gov

Or mail this completed application with your check or money order for **\$165** payable to Department of Licensing) to:

Court Reporter Program Department of Licensing PO Box 35001 Seattle, WA 98124-3401

For questions or language help call: (360) 664-6633

#### Application type (check one):

Original application through Washington State exam.

- □ Reapplication through Washington State reexam. 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: \_\_\_\_\_\_

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

□ \$0 self-print license online.

□ \$5 each. DOL print and mail license. Quantity\_\_\_\_\_ Total \$\_\_\_\_\_

### Applicant

PRINT or TYPE Name as you would like it to appear on your license				Social Security number*
Full legal name (First, Middle, Last)				
Mailing address				
City	5	State	ZIP code	County
(Area code) Phone number	Date of birth (mm/dd/	<i>'yyyy)</i>	Email	
Military? (check if applicable) Current or former:	y member	pouse (	or domestic partr	ner

\*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

### Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.	
<ol> <li>Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you?</li></ol>	🗆 No
<ol> <li>Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.).</li> </ol>	□ No

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Certification	
Answer the following	
Have you read and do you agree to follow all the applicable laws and rules and of this profession	
and do you understand the penalties for misconduct? Yes	🗌 No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

Date and place

Applicant signature

Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.