



Court Reporter Certification Renewal Application

Renew your court reporter certification license.

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

Or mail this completed form with a check or money order (payable to Department of Licensing) to:

**Court Reporters
Department of Licensing
PO Box 35001
Seattle, WA 98124-3401**



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

Fees (check one)

- Renewal—**\$138**
- Late renewal (expired under 1 year)—**\$276**
- Late renewal (expired under 2 years)—**\$414**
- Late renewal (expired under 3 years)—**\$552**

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

TYPE or PRINT Full legal name (Last, First, Middle)		
How do you want your name displayed on your license?		
Mailing address		
City	State	ZIP code
License number	Email	(Area code) Phone number
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		

Legal background

Answer the following
Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. 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? Yes No
2. 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.) Yes No

Continuing education

Answer the following

Have you completed at least five hours of approved continuing education within the past year? Yes No

Do you agree to keep continuing education documentation on file for a period of three years? Yes No

Do you understand that your continuing education documentation may be audited by us? . . . Yes No

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

TYPE or PRINT Name

X

Signature

Date and place

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