

STATE OF MISSOURI



[Attach color photo here]

The Board of Certified Court Reporter Examiners

APPLICATION FOR EXAMINATION AS A CERTIFIED COURT REPORTER

Enclose remittance of \$100 [cashier check or money order] payable to the Clerk of the Supreme Court, P.O. Box 150, Jefferson City, MO 65102. Fed Ex address: 207 West High Street, Jefferson City, MO 65101.

This application must be typed. It is designed for online completion using Times New Roman, 10.0 font. This form cannot be filed, electronically.

Enter all information, as requested.

Last Name		First Name		MI	Social Security Number
Street Address			P.O. Box		Apt. #
City	State	Zip	(Area Code) Home Phone		(Area Code) Bus. Phone

When a "Yes" or "No" answer is requested, please check the correct response.

Are you 18 years of age or older?	Yes	No	Are you a U.S. citizen?	Yes	No
If not, name the document that establishes your identity & employment eligibility to work in the U.S.					
<i>Answer:</i>					
Have you ever pled guilty to or been found guilty of a felony? If so, please specify				Yes	No
Do you have a disability, which could necessitate your need for assistance?				Yes	No

EDUCATIONAL BACKGROUND

Complete below, where applicable, and provide all information requested.

	Name of School	Location	Dates Attended	Major Studies	List Diploma/Degree
High School					
Vocational					
Business					
College					
Other					

LIST PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

Employer	Phone Number	From	To	If self-employed, give full details & length of time so engaged.
Position Held:				
Name of Company:				
Street Address:				
City, State, Zip:				
Type of Company:				

Position Held:				
Name of Company:				
Street Address:				
City, State, Zip:				
Type of Company:				

PERSONAL REFERENCES

- A. **Check the correct response:** I consent to full inquiry and disclosure. I do not consent to full inquiry and disclosure.
 B. List, below, two persons who know your qualifications and/or background and experience. Do not list relatives.

1)					
Last Name		First Name		MI	Occupation
Street Address		Apt./ Box #	City	State	Zip (Area Code) Phone No.

2)					
Last Name		First Name		MI	Occupation
Street Address		Apt./ Box #	City	State	Zip (Area Code) Phone No.

EQUIPMENT & OTHER INFORMATION

- A. **My system of reporting is:** (circle the appropriate response).

Machine Shorthand (<i>traditional</i>) Yes No	Machine Shorthand (<i>computer aided</i>) Yes No	Stenomask (<i>traditional</i>) Yes No	Stenomask (<i>voice recognition</i>) Yes No
Current speed at which you are proficient:			

- B. **Type of software you currently use:** (please include the version of software)

--

C. List equipment that you will be utilizing at the dictation test (i.e., stenomachine, closed microphone, etc.):

Equipment Type	Model #	Make	Color

D. List equipment that you will be utilizing to prepare your transcript (i.e., computer & printer or typewriter):

Equipment Type	Model #	Make	Color

E. Please complete the following (check the appropriate responses; enter date, if applicable).

First MO CCR Exam? Yes No	If no, please enter most recent testing date. Date:	Requesting a Study Guide Yes No
---------------------------	---	---------------------------------

F. I do hereby certify that the answers to all questions on this application are true and correct.

Date: _____ **Signature** _____
(Must be signed.)

Email Address: _____