

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, money order, personal check 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.

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
Will you need assistance under The Americans with Disabilities Act?		Yes No

EQUIPMENT & OTHER INFORMATION

A. My system of reporting is:

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

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

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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.	Requesting a Study Guide? Yes No
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F. I do hereby certify that the answers to all questions on this application are true and correct.

Date: _____ Signature _____ (Must be signed.)

Email: _____