

# STATE OF MISSOURI



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## 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:** (check 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
<b>Current speed at which you are proficient:</b>			

- 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.        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 Address:** \_\_\_\_\_