



COURT REPORTERS BOARD OF CALIFORNIA

2535 CAPITOL OAKS DRIVE, SUITE 230, SACRAMENTO, CA 95833 / PHONE: (916) 263-3660 / TOLL FREE: (877) 327-5272 / FAX: (916) 263-3664 / COURTREPORTERSBOARD.CA.GOV

CHECKLIST FOR THE APPLICATION FOR RE-EXAMINATION AS A CERTIFIED SHORTHAND REPORTER

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application (completed) <ul style="list-style-type: none"> <input type="checkbox"/> All questions answered <input type="checkbox"/> Application dated and signed <input type="checkbox"/> Application filing fee – \$40 enclosed*
<i>(You are required to pay the \$40 application fee one time per three-year cycle.)</i> | <ul style="list-style-type: none"> <input type="checkbox"/> Examination fee – \$25 per each exam enclosed* <ul style="list-style-type: none"> <input type="checkbox"/> \$25 – Dictation <input type="checkbox"/> \$25 – English <input type="checkbox"/> \$25 – Professional practice |
|---|---|

(Submit exam fees for only the exams you want to take in the current cycle. Current cycle dates for English and Professional Practice are July–October, November–February, March–June.)

- Two passport photographs enclosed (2x2 inches in size) taken within 60 days of application.
- Application postmarked 30 days prior to dictation examination (if applicable).
- Send application via certified mail (OPTIONAL).

***Submit ONE check or money order for all fees related to this application made payable to the Court Reporters Board. DO NOT SEND CASH. (A \$25 charge will be imposed for returned checks.)**

SPECIAL NOTE: If you qualify to sit for the dictation exam, you will receive a confirmation email from Realtime Coach after the postmark deadline for accepting applications has passed. If for any reason your application is incomplete/not accepted, you will be notified with a Rejection of Application Letter. Visit <https://courtreportersboard.ca.gov> and click “Applicants” and then scroll to “Online Skills Exam Information” for more.

If you do not have access to the internet and/or printer, you may call the Board office at (877) 327-5272 or email Kim.Kale@dca.ca.gov to request a re-examination application packet.



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Attach (*do not staple*)
color photo of applicant
here, taken within
60 days of filing this
application.

APPLICATION FOR RE-EXAMINATION AS A CERTIFIED SHORTHAND REPORTER

Cashiering Use Only: Receipt # Amount rec'd \$
 Dict Eng PP Postmark date

(PLEASE TYPE OR PRINT)

FULL NAME	Last	First	Middle
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Have you ever used any other name? No Yes (*If yes, what was the name?*)

Mailing address	Phone (<i>optional</i>)		
City	State	ZIP code	Alternate phone (<i>optional</i>)
Email address (<i>optional</i>)	Date of birth (<i>MM/DD/YYYY</i>)	SSN or ITIN	

Have you previously **applied** for the California CSR examination?*If yes, date last **applied**?* Yes No

Have you received a passing grade on the California CSR test in:	English	Professional practice	Dictation/transcription
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date	Date	Date

Date last **examined**

Have you ever been licensed as a shorthand reporter in this or any other state?

If yes, what state(s)?

License #

Issue date

 Yes No

Have you ever been licensed as a shorthand reporter under a different name?

If yes, what name? Yes No

Please attach additional paperwork if necessary.

(Continued on the following page)



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Have you ever been disciplined by **ANY** licensing entity in this or any other state?

If answer is YES, what licensing entity, in what state/date?

Yes

No

I HEREBY CERTIFY under penalty of perjury under the laws of the state of California that the foregoing application and attached documents are true and correct, under the terms of the Certified Shorthand Reporters Law, with full knowledge of the fact that FRAUD OR MISREPRESENTATION ARE GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION, OF A CERTIFICATE.

Date

Signature of Applicant

IMPORTANT: Fee (check or money order) and any necessary documents must accompany your application.

RETURN TO: Court Reporters Board of California, 2535 Capitol Oaks Drive, Suite 230, Sacramento, CA 95833



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NOTICE ON COLLECTION OF PERSONAL INFORMATION

COLLECTION AND USE OF PERSONAL INFORMATION

The Court Reporters Board of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code, Chapter 13, Article 3 and the Information Practices Act. The Court Reporters Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION

Submission of the requested information is mandatory. The Court Reporters Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

ACCESS TO PERSONAL INFORMATION

You may review the records maintained by the Court Reporters Board that contain your personal information as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 6250 and following) as allowed by the Information Practices Act (Civil Code section 1798 and following);
- To another government agency as required by state or federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

CONTACT INFORMATION

For questions about this notice or access to your records, you may contact Kim Kale, Court Reporters Board, at 2535 Capitol Oaks Drive, Suite 230, Sacramento, CA 95833, by phone at (877) 327-5272 or email Kim.Kale@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Blvd., Sacramento, CA 95834, by phone at (800) 952-5210 or by email at dca@dca.ca.gov.

SOCIAL SECURITY NUMBER DISCLOSURE

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. section 405(c)(2)(C)] authorize collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.