



STATE OF NEVADA  
Certified Court Reporters Board  
5135 Camino Al Norte, Suite 270  
North Las Vegas, Nevada 89031  
Phone: (702) 489-8787 Fax: (702) 489-8788  
Website: [www.crptr.nv.gov](http://www.crptr.nv.gov) Email: [Reporting@nvccrb.nv.gov](mailto:Reporting@nvccrb.nv.gov)

## APPLICATION FOR LICENSE RENEWAL OF A COURT REPORTING FIRM

REV: 8/19

Licensing Year: July 1, 2019 – June 30, 2020

License Fee: \$175.00 Due on or before June 30, 2019  
After June 30, 2019: \$350.00 (\$175.00 Reinstatement Fee + \$175.00 License Fee)

*If the renewal application and fee are not submitted by June 30, 2019,  
the firm license will expire on July 1, 2019 and must be reinstated to resume business.*

*Payment must accompany this form. Make check payable to NVCCRB. We do not accept electronic payments.*

FIRM #		FIRM NAME	
NEVADA BUSINESS ADDRESS		CITY/STATE/ZIPCODE	
TELEPHONE	FAX	COMPANY EMAIL	
FEDERAL TAX I.D. NUMBER			
DESIGNATED REPRESENTATIVE OF THE FIRM		DIRECT TELEPHONE	DIRECT EMAIL
Is your firm in good standing with the Nevada Secretary of State's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**The designated firm representative and each owner of the court reporting firm identified in this application must initial below:**

\_\_\_\_\_  
INITIAL In accordance with NAC 656.205, I possess a basic understanding and knowledge of the applicable laws, regulations, and court and procedural rules governing the practice of court reporting in this State.

\_\_\_\_\_  
INITIAL In accordance with NRS 656.260, I agree to notify the Board of any changes in the firm's ownership, name, business address, telephone number and email address, in writing, within 30 days of the change.

\_\_\_\_\_  
INITIAL In accordance with NAC 656.320, I will not engage in the practice of court reporting on behalf of a firm that is not registered with the Board. I will verify whether a firm or court reporter is registered with the Board before engaging in the practice of court reporting on Nevada cases.

\_\_\_\_\_  
INITIAL In accordance with NAC 656.330, I will not enter into any contract or agreement to provide court reporting services that may compromise the impartiality of the court reporter or firm.

\_\_\_\_\_  
INITIAL I will ensure the court reporting firm conforms to the requirements of the law. I understand that I am legally responsible for the conduct of the court reporting firm while serving as the designated firm representative and that I may be held liable for any violation(s) during the period I served as the designated firm representative.

***Pursuant to NAC 656.250(c), you must include the name and residential address of each owner or designated firm representative.***

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DESIGNATED FIRM REPRESENTATIVE

SOCIAL SECURITY (Pursuant to NRS 656.155(1a))

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RESIDENTIAL ADDRESS

NRS 656.155 requires an applicant for the issuance or renewal of a license to complete the statement prescribed by the Welfare Division of the Department of Human Resources. Failure to mark a response on this questionnaire will result in the denial of your application for licensing. Please check one:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and not in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

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NAME OF FIRM OWNER #1

SOCIAL SECURITY (Pursuant to NRS 656.155(1a))

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RESIDENTIAL ADDRESS

NRS 656.155 requires an applicant for the issuance or renewal of a license to complete the statement prescribed by the Welfare Division of the Department of Human Resources. Failure to mark a response on this questionnaire will result in the denial of your application for licensing. Please check one:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and not in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

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NAME OF FIRM OWNER #2

SOCIAL SECURITY (Pursuant to NRS 656.155(1a))

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RESIDENTIAL ADDRESS

NRS 656.155 requires an applicant for the issuance or renewal of a license to complete the statement prescribed by the Welfare Division of the Department of Human Resources. Failure to mark a response on this questionnaire will result in the denial of your application for licensing. Please check one:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and not in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

***If you have more than 2 owners,  
please make copies of this page and include with your application.***

In making and filing this Application for License of this Nevada Court Reporting Firm, I hereby authorize all persons, firms, officers, corporations, associations, organizations, state or federal agencies and institutions to furnish to the Board or any of its authorized representatives, all relevant, non-privileged documents, records or other information that may be requested in the investigation of the Application for License.

I have read the foregoing application, if any, have made each statement therein and answered each question therein fully and frankly and without concealment or reservation, and such questions and answers are within my personal knowledge, true and complete. I am aware that I have a duty to advise the Board of any circumstances occurring after the date of this application that would affect my responses herein.

I declare that all statements on this application are true and make declaration under penalty and perjury.

**Designated firm representative and all owners must sign this application.**

Designated Firm Representative: \_\_\_\_\_  
DATE

Owner #1 \_\_\_\_\_  
DATE

Owner #2 \_\_\_\_\_  
DATE

Owner #3 \_\_\_\_\_  
DATE

Owner #4 \_\_\_\_\_  
DATE