



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 Email: Reporting@nvccrb.nv.gov

REINSTATEMENT OF CERTIFICATE

REV: 1/19

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

Fee: \$125.00

*Payment must accompany this application. Make check payable to NVCCRB.
Our office does not accept electronic payments.*

Please check one: Reinstatement for Non-Payment
 Reinstatement for Non-Compliance
 Other, please explain: _____

Period of Suspension: _____

LEGAL NAME ONLY

CCR #	FIRST NAME	M.I.	LAST NAME
ADDRESS			
CITY	STATE	ZIPCODE	
TELEPHONE	FAX	CELLULAR	EMAIL ADDRESS

**An incomplete form will be returned to you
and will result in the denial of your application for licensing.**

I, _____ attest to the foregoing statements in this Reinstatement of Certificate which I have read and know the contents thereof to be true, complete and accurate in accordance with the provisions of NRS 656 and NAC 656. I understand omission of information, or false information may cause my reinstatement for certification to be denied. I specifically authorize and request the release of any and all information, whether of record or not, by any person who receives such a request from this state certifying board. I have read and possess knowledge of the provisions and requirements of NRS 656 and NAC 656 and hereby affirm that I am in compliance therewith.

Signature

Social Security (Pursuant to NRS 656.155(1a))

Date