



STATE OF NEVADA CERTIFIED COURT REPORTERS BOARD

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Phone: (702) 489-8787

Website: www.crpnr.nv.gov Email: NVCCRB@gmail.com

REINSTATEMENT OF CERTIFICATE

*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	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