



State of Nevada
NEVADA CERTIFIED COURT REPORTERS BOARD
5135 Camino Al Norte, Suite 270
North Las Vegas, Nevada 89031
Tel: 702-489-8787 Fax: 702-489-8788
Email: Reporting@nvccrb.nv.gov Website: crptr.nv.gov

2019 APPLICATION FOR FIRM EXAMINATION

REV: 3/19

Exam Location: State of Nevada Certified Court Reporters Board
5135 Camino Al Norte, Suite 270
North Las Vegas, Nevada 89031

Exam Start Time: 1:00pm

Examination Fee: \$250.00

Please check desired exam date (select one):

- ☐ Spring Exam: January 24, 2019 Deadline for application and fee is January 3, 2019
☐ Summer Exam: April 26, 2019 Deadline for application and fee is April 5, 2019
☐ Fall Exam: July 18, 2019 Deadline for application and fee is June 27, 2019
☐ Winter Exam: October 17, 2019 Deadline for application and fee is September 26, 2019

Please submit a copy of your identification along with your application and fee.

*Application and payment must be received by our office on or before the deadline.
Applications received after the deadline will not be accepted – NO EXCEPTIONS.*

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE
STREET ADDRESS		
CITY	STATE	ZIPCODE
TELEPHONE	CELLULAR	EMAIL
SOCIAL SECURITY	BIRTHDATE	PLACE OF BIRTH

COURT REPORTING FIRM INFORMATION

FIRM NAME		
STREET ADDRESS		
CITY	STATE	ZIPCODE
TELEPHONE	FAX	EMAIL
Federal Tax I.D.#	Is this firm incorporated in the state of Nevada? Yes or No	

CURRENT EMPLOYMENT INFORMATION

EMPLOYER NAME

SUPERVISOR

ADDRESS

TELEPHONE

CITY

STATE

ZIPCODE

POSITION

START DATE

FULL OR PART TIME

PAST WORK EXPERIENCE

Begin with most current information and date back 3 years of past employment.
Please include period(s) of unemployment and explanation.

START/END DATE

FULL OR PART TIME

POSITION

EMPLOYER

SUPERVISOR

PHONE NUMBER

REASON FOR LEAVING

START/END DATE

FULL OR PART TIME

POSITION

EMPLOYER

SUPERVISOR

PHONE NUMBER

REASON FOR LEAVING

START/END DATE

FULL OR PART TIME

POSITION

EMPLOYER

SUPERVISOR

PHONE NUMBER

REASON FOR LEAVING

AGREEMENT OF UNDERSTANDING

The undersigned applicant, being duly sworn, deposes and says: I am the person who made and signed, and now attests to the foregoing statements in the application, which I have read and know the contents to be true, complete and accurate in accordance with the provisions of NRS Chapter 656. I understand omission of information may cause my application 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 request from this Licensing Board.

APPLICANT'S SIGNATURE