



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

APPLICATION FOR INACTIVE STATUS

REV: 4/16

Licensing Year: July 1, 2016 – June 30, 2017

Pursuant to NRS 656.220, a certificate holder must pay to the Board:

On or before May 15, 2016: \$100.00 (Certificate will be placed on suspension for non-renewal if payment and application is received after May 15, 2016.)

Reinstatement Fee: \$125.00

Payment must accompany this application. Make check payable to NVCCRB.

Please check one:

[] Initial Request for Inactive Status

[] Continuation of Inactive Status

NAC 656.170 Placement of certificate on inactive status; reactivation of certificate. (NRS 656.200)

1. A court reporter who is current in the fees required by the Board and the requirements of continuing education may submit an application in a form prescribed by the Board to place his certificate on inactive status. A court reporter whose certificate is on inactive status shall pay a fee each year in the amount that is one half of the fee which is required for renewal of a certificate.

2. A court reporter whose certificate has been on inactive status for less than 5 years may reactivate his certificate if he pays the fee for renewal of a certificate and complies with the requirements for continuing education for the year in which he reactivates his certificate.

3. If the certificate of a court reporter has been on inactive status for 5 years or more, the Board may, in addition to requiring the applicant to comply with the provisions of subsection 2, require the applicant to do one or any combination of the following:

a) Take the written section or the section on transcription of the examination, or both.

b) If the applicant engaged in the practice of court reporting in another jurisdiction during the time that his certificate was on inactive status, submit proof of such practice.

c) Submit any other proof that is required by the Board to demonstrate that the applicant possesses the skills that are necessary to practice court reporting.

LEGAL NAME ONLY

CCR # FIRST NAME M.I. LAST NAME

ADDRESS

CITY STATE ZIPCODE

TELEPHONE FAX CELLULAR EMAIL ADDRESS

Are you a Military Veteran? [] Yes [] No

Contact information to be posted on the Board website. REQUIRED INFORMATION

EMAIL PHONE NUMBER

Nearest Relative or Contact Person (not living with you). **REQUIRED INFORMATION.**

NAME	RELATIONSHIP	TELEPHONE
ADDRESS	CITY	STATE
		ZIPCODE

NRS 656.155 requires an applicant for the issuance or renewal of a license (active or inactive) to complete the statement prescribed by the Welfare Division of the Department of Human Resources.

You are required to 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.

Pursuant to NRS.656.335 and NAC 656.410:

What two methods are you using to back up your files? _____

What software programs are you using? _____

**AN INCOMPLETE FORM WILL BE RETURNED TO YOU
AND WILL RESULT IN THE DENIAL OF YOUR APPLICATION.**

I, _____ attest to the foregoing statements in this Application 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 application 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