



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

REGISTRATION FOR A COURT REPORTING FIRM LICENSE

REV: 8/19

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

Fee: \$250.00

You are required to submit the following to register your court reporting firm:

- Completed Application
- Check for \$250.00 made payable to NVCCRB (*We do not accept electronic payments*)
- Copy of Active Nevada Business License
- Copy of Fictitious Firm Name Filing
- Certificate of Good Standing from the Nevada Secretary of State's Office

FIRM NAME	FEDERAL TAX I.D. NUMBER	
NEVADA BUSINESS ADDRESS		
CITY	STATE	ZIPCODE
TELEPHONE	FAX	EMAIL ADDRESS
NAME OF DESIGNATED FIRM REPRESENTATIVE	DIRECT EMAIL ADDRESS	DIRECT TELEPHONE
Date you Passed the Nevada Firm Examination: _____ (Only applicable if you are the designated firm representative and not a Nevada certified court reporter)		
Please check one: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____		

**Failure to submit the required documents and payment
will result in the denial of your
request to register your court reporting firm.**

Pursuant to NAC 656.250(c), each owner and designated firm representative
MUST complete the questionnaire below:

Designated Firm Representative

NAME

RESIDENTIAL ADDRESS

TELEPHONE

Are you a Nevada Court Reporter? If yes, state your CCR #

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.

Owner #1

NAME

RESIDENTIAL ADDRESS

TELEPHONE

Are you a Nevada Court Reporter? If yes, state your CCR #

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.

Owner #2

NAME

RESIDENTIAL ADDRESS

TELEPHONE

Are you a Nevada Court Reporter? If yes, state your CCR #

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.

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

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

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

_____ In accordance with NAC 656.320, I will not engage in the practice of court reporting on behalf of a
INITIAL 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.

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

_____ I will ensure the court reporting firm conforms to the requirements of the law. I understand that
INITIAL 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.

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.

By signing below, I certify that I have read, understand, and will adhere to all applicable laws governing court reporting in the state of Nevada.

Designated firm representative and all owners must sign this application.

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

Designated Firm Representative:	_____	_____	_____
		SOCIAL SECURITY (Pursuant to NRS 656.155(1a))	DATE
Owner #1	_____	_____	_____
		SOCIAL SECURITY (Pursuant to NRS 656.155(1a))	DATE
Owner #2	_____	_____	_____
		SOCIAL SECURITY (Pursuant to NRS 656.155(1a))	DATE
Owner #3	_____	_____	_____
		SOCIAL SECURITY (Pursuant to NRS 656.155(1a))	DATE
Owner #4	_____	_____	_____
		SOCIAL SECURITY (Pursuant to NRS 656.155(1a))	DATE