



STATE OF NEVADA CERTIFIED COURT REPORTERS BOARD

5135 Camino Al Norte, Suite 270 North Las Vegas, Nevada 89031

Phone: (702) 489-8787

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

APPLICATION FOR INACTIVE STATUS Certified Court Reporter

REV:3/24

Licensing Year: July 1, 2024 – June 30, 2025

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

Pay by May 15, 2024: \$100.00 (45-day grace period is provided after May 15th – no late fee)

After June 30, 2024: \$225.00 (\$125.00 reinstatement fee + \$100.00 inactive fee)

Payment Options:

- *Pay my mailing in a completed form, along with your payment. Make check payable to NVCCRB.*
- *Electronic payment is available during business hours only. You must submit your completed form before requesting our electronic payment service. A 2.9% service fee is applied to all transactions.*

Please check one:

☐ Initial Request for Inactive Status

☐ Continuation of Inactive Status

Please review NAC 656.170 before requesting for inactive status or continuing inactive status. NAC 656.170 can be found on our website at www.crptr.nv.gov under Nevada Statutes and Regulations.

LEGAL NAME ONLY

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

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

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

NAME	RELATIONSHIP	TELEPHONE
ADDRESS	CITY	STATE
		ZIPCODE

Are you a Military Veteran ☐ Yes ☐ No **Or, Active Service Member?** ☐ Yes ☐ No

If you answered yes, please answer the following questions:

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No

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.

**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.

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

INITIAL In accordance with NRS 656.260, I agree to notify the Board of any changes to my name, address, telephone and email address, in writing, within 30 days of the change.

I have read the provisions and requirements of NRS 656 and NAC 656 and hereby affirm that I am in compliance therewith.

Signature

Date