



STATE OF NEVADA CERTIFIED COURT REPORTERS BOARD

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Phone: (702) 489-8787

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

REINSTATEMENT OF CERTIFICATE

3/24

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: 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

Date