

Tennessee Board of Court Reporting

Administrative Office of the Courts
Nashville City Center, Suite 600
511 Union Street
Nashville, TN 37219
615/741-2687 or 800/448-7970
FAX 615/253-2922

RENEWAL 2012 TENNESSEE COURT REPORTER LICENSE

Name _____ LCR# _____
(Last) (First) (Middle)

Indicate which address you want published: Residential Business
Residential Address: _____ City: _____ State ____ Zip _____

Business Address: _____ City: _____ State ____ Zip _____

Home Phone: _____ Business Phone _____ Other: _____

County: _____ Email: _____

Method of Reporting: ___ Voice Writer ___ Machine Shorthand ___ Other _____

I am applying for renewal of license based on the requirements of the Tennessee Board of Court Reporting. I have complied with the continuing education requirements. I have attached proof of completion of programs or have previously provided such.

I am aware that I must notify the board, in writing, of any change of address within thirty (30) days of the change. (TCA 20-9-612)

LICENSES:

State	License Type	Date of Issue	Status	
			Active	Inactive
			Active	Inactive
			Active	Inactive
			Active	Inactive

DISCLOSURE If you answer "Yes" to any of the following questions, attached a separate sheet giving a complete explanation including, dates, locations and disposition.

In the last 24 months have you been disciplined or had your license revoked or suspended by any state license entity?

Yes No

Are you currently under investigation by any state license entity or any court reporting association?

Yes No

In the last 24 months have you been convicted of a crime (other than a minor traffic violation), felony or misdemeanor?

Yes No

AFFIDAVIT OF APPLICANT

I, _____, acknowledge and state that all of the information supplied in this renewal application is true and correct to the best of my knowledge. Further, I have read and am familiar with the Rules and Regulations pertaining to the licensure of Court Reporters in the State of Tennessee I acknowledge that any false or untrue statements or representation made in this application may result in the denial or revocation of any license to practice court reporting granted to me.

Applicant's Signature

Sworn to and subscribed before me this
____ day of _____, 2____

Notary Public

My commission expires: _____ Seal

Your application will be processed within thirty (30) days of the date this application and any supporting documentation is received. Please send a check or money order to:

TENNESSEE BOARD OF COURT REPORTING

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511 Union Street

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RENEWAL FEE: \$200.00