

**CERTIFIED COURT REPORTERS
STATUS REPORT**

NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zipcode

TELEPHONE(home): _____ SOCIAL SECURITY#: _____ Date of Birth: _____

E-MAIL ADDRESS: _____ FAX NO.: _____
Mandatory

From Voters Registration Card:

DISTRICT's#: CONGRESSIONAL #: _____ SENATE #: _____ REPRESENTATIVE #: _____

PARISH: _____ EMPLOYMENT: Official () Freelance ()

COMPANY NAME: _____

ADDRESS: _____
Street City State Zipcode

TELEPHONE(work): _____ FAX NO.(work): _____

LOUISIANA CERTIFICATE HOLDER: (Check one)

() By Examination (CSR/CCR) Date Issued: _____
() Grandfathered Date Issued: _____
() Reciprocal (National Certification-NCRA/NVRA) Date Issued: _____

SYSTEM OF REPORTING: (Check one)

_____ Stenotype (machine) _____ Stenomask (voice writer) _____ Penwriter _____ Electronic

CERTIFICATE FROM OTHER STATE(S):

List State(s) _____ List Date(s) _____

NATIONAL CERTIFICATION(S) AND DATE ISSUED: _____

SIGNATURE: _____

Must be re turned with bottom portion of invoice and payment. All personal information is mandatory.

Return to: Louisiana Board of Examiners of Certified Shorthand Reporters

P. O. Box 3257

Baton Rouge, LA 70821-3257