



**LOUISIANA BOARD OF EXAMINERS OF  
CERTIFIED SHORTHAND REPORTERS  
AAERT/NCRA/NVRA EXAMINATIONS**

**RECIPROCAL APPLICATION FOR CERTIFICATION**

**For Office use only**

**Received:** \_\_\_\_\_

**Fee:** \_\_\_\_\_ **Check#:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**NOTICE:** This application and questionnaire is to be used by all applicants and must be prepared by the applicant, signed and sworn to by the applicant before a Louisiana Notary Public, and delivered by mail or hand to the Louisiana Certified Shorthand Reporters Board, 1450 Poydras St., Ste 630, New Orleans, LA 70112. The application must be accompanied by a copy of an **AAERT "CDR"**, **NCRA "RPR"**, **"CM"**, or **NVRA "CVR"** certificate, certifying that the applicant passed an examination after 1973, affidavit indicating that applicant's domicile is in the State of Louisiana, proof of domicile in the State of Louisiana (voters registration card or drivers license), High School Diploma or equivalency. The licensing fee to be paid is \$175. A metal seal shall be obtained annually as specified by the Board. You will receive a certification letter and all seal information once application has been processed.

I, \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
Legal Name

ADDRESS \_\_\_\_\_  
Street/P. O. Box City State Zipcode

DOB \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

Hereby apply to the Louisiana Certified Shorthand Reporters Board, for certification to practice as a Certified Court Reporter.

PRESENT EMPLOYER: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street/P. O. Box City State Zipcode

LIST PAST EMPLOYMENT PERTAINING TO COURT REPORTING: \_\_\_\_\_

HOW LONG HAVE YOU BEEN REPORTING IN LOUISIANA? \_\_\_\_\_  
Years/months

SYSTEM OF SHORTHAND: ( ☐ ) STENOTYPE ( ☐ ) STENOMASK ( ☐ ) PENWRITER ( ☐ ) AAERT

TYPE OF REPORTER: ( ☐ ) FREELANCE ( ☐ ) OFFICIAL

IS THIS YOUR PRINCIPAL EMPLOYMENT? YES/NO, IF NOT WHAT OTHER EMPLOYMENT DO YOU HAVE? \_\_\_\_\_



DO YOU USE ANY FORM OF AUDIO OR VIDEO EQUIPMENT WITH YOUR REPORTING?  
YES/NO IF YES, WHAT TYPE? \_\_\_\_\_

LIST SCHOOLS ATTENDED AND DATES: (starting with High School) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST MEMBERSHIPS WITH ANY REPORTER ASSOCIATIONS: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES/NO LIST IF APPLICABLE: \_\_\_\_\_  
\_\_\_\_\_

DO YOU HOLD OR HAVE YOU EVER HELD A LOUISIANA CCR LICENSE OR A CCR/CSR  
LICENSE FROM ANOTHER STATE? LIST STATES AND DATES OF ISSUANCE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U. S. CITIZEN: YES/NO E-MAIL ADDRESS: \_\_\_\_\_

FAILURE TO COMPLETE APPLICATION IN FULL OR PROVIDING FALSE INFORMATION  
MAY RESULT IN DISQUALIFICATION.

\_\_\_\_\_  
City

\_\_\_\_\_  
Date Executed

\_\_\_\_\_  
Signature of applicant

State of Louisiana, Parish of \_\_\_\_\_

Before me, the undersigned authority, personally came and appeared \_\_\_\_\_  
\_\_\_\_\_ to me personally known, who being by me first duly sworn  
did depose and say: that the above and foregoing answers and statements were made by him/her and  
that they are true and correct.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public



**AFFIDAVIT**

State of Louisiana

Parish of \_\_\_\_\_

I, \_\_\_\_\_, hereby attest that my domicile is in the State of Louisiana.

\_\_\_\_\_  
(Applicant's Signature)

Thus sworn to and subscribed  
Before me, Notary Public,  
This \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_.

\_\_\_\_\_  
(Notary Public)