

PETER DANLES
 Executive Director

LINDA CAPUCHINO
 Division Director



COURT REPORTER RENEWAL

Part I. LICENSEE INFORMATION

LICENSE EXPIRATION DATE _____ AMOUNT DUE _____

NAME _____ LICENSE # _____

HOME ADDRESS _____ HOME PHONE _____

BUSINESS NAME & ADDRESS _____ WORK PHONE _____

Indicate mailing address by check box EMAIL ADDRESS _____

Part II. FEE SCHEDULE	CRITERIA	PAYMENT INFORMATION
<input type="checkbox"/> Renewal Fee \$200.00	Payable by last day of the month of licensee's birth.	Make check payable to "Treasurer, State of New Hampshire" OR use the enclosed credit card sheet
<input type="checkbox"/> Late fee \$40.00 per month	Include \$40.00 per month or fraction of a month the renewal is late.	

PART III. ADDITIONAL REQUIREMENTS – Missing items will delay your license.

Transcript Include your NCRA or NCVA transcripts.

Bond Include proof of your \$1,000.00 surety bond.

PART IV. QUESTIONS	Include an explanation if "yes"	YES	NO
1. Have you ever been convicted of any felony or any misdemeanor, or a violation? If so, name the court, the details of the offense and the date of conviction and the sentence imposed.		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever lost or been denied registration/licensure as a Court Reporter or been disciplined by another licensing board in any other state?		<input type="checkbox"/>	<input type="checkbox"/>

PART V. CERTIFICATION

RULES OF PROFESSIONAL CONDUCT

I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules Rep 500; and

CONTINUING PROFESSIONAL DEVELOPMENT

I attest that the information contained in this form and the attached current NCRA of NVRA transcript is true and correct to the best of my knowledge and belief and complies with the minimum continuing education requirement of RSA 310-A:178 and Rep. 403. I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

➡ SIGN HERE _____

Credit Card Sheets are not accepted via e-mail

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

CONFIDENTIAL