

**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**STATE OF NEW HAMPSHIRE**  
 7 Eagle Square - Concord, N.H. 03301  
 Telephone 603-271-1452

**UNIVERSAL APPLICATION FOR LICENSE RENEWAL**  
**tailored for Court Reporter License**

**APPLICANT INFORMATION**

License Number: \_\_\_\_\_ Expiration Date (MM/DD/YYYY): \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Suffix, such as "Jr." or "III", if any

Other name(s) in which applicant holds or has held a professional license: \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_

*\*The OPLC is required by 42 U.S.C. 666(a)(13) and RSA 161-B:11, VI-a to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support.*

Designated email address\*: \_\_\_\_\_

*\* Email address to which notices, license will be sent*

Home Physical Address: \_\_\_\_\_

Street name & number, Apt. # if any      Municipality      County      State      Zip Code      Country if not US

Home Mailing Address:  Check if same as physical address

IF DIFFERENT: \_\_\_\_\_

Street name & number or PO Box number      Town/City      State      Zip Code      Country if not US

Home/Personal Telephone Number: (      ) - \_\_\_\_\_

Office/Place of business name: \_\_\_\_\_

Address: \_\_\_\_\_

Street name & number      Municipality      State      Zip Code      Country if not US

Telephone number: (      ) - \_\_\_\_\_

Other locations where licensee routinely practices name: \_\_\_\_\_

Address: \_\_\_\_\_

Street name & number      Municipality      State      Zip Code      Country if not US

Telephone number: (      ) - \_\_\_\_\_

Applicant is:       employee       subtenant       independent contractor       owner

Applicant is (check if applicable):  Applying for facilitated licensure

Currently on active military duty\*

Legally married to an individual who is currently on active military duty\*

*\* "On active military duty" means on active duty in the U.S. armed forces.*

**Information on Current Licensure\* in Other Jurisdictions:**

Jurisdiction	License Number	Date most recently licensed	Status (in good standing, expired, suspended, revoked, denied renewal)

\* Includes licenses, certificates, registrations, or other form of approval required to practice

**Background/Character Questions:**

**NOTE: For "not previously reported", do not include anything not required to be reported for initial licensure):**

Questions:	Yes	No
During the last 27 months or not previously reported, have you been found guilty of or entered a plea of no contest to any felony or misdemeanor?		
During the last 27 months or not previously reported, have you been the subject of any disciplinary action by any professional licensing authority?		

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Questions:	Yes	No
During the last 27 months or not previously reported, have you been denied a license or other authorization to practice in any jurisdiction?		
During the last 27 months or not previously reported, have you surrendered a license or other authorization to practice issued by any jurisdiction in order to avoid or settle disciplinary charges?		
Are you now or do you have any reason to believe that you will soon be the subject of a disciplinary proceeding, settlement agreement, or consent decree undertaken or issued by a professional licensing board of any jurisdiction?		
During the last 27 months or not previously reported, has any malpractice claim been made against you?		
During the past 27 months or not previously reported, have you, for disciplinary reasons, been put on administrative leave, been fired for cause other than staff reductions from a position at your place of employment, or had any privileges limited, suspended, or revoked in any professional setting?		
During the last 27 months or not previously reported, have you been denied the privilege of taking an examination required for any professional license?		
During the past 27 months or not previously reported, have you committed any act(s) that would violate the laws and/or rules that govern the profession in which you are licensed?		

**Continuing Competence:**

***Submission of this application constitutes an attestation that the applicant has met the requirements***

Activity	Date(s)	Sponsor/Provider	#Clinical Hours	#Non-Clinical Hours	Total # Hours Claimed for Activity
<b>Total # hours claimed for this renewal:</b>					

**Disclosure of Contact Information** *(OPLC will not disclose this information unless authorized by you, unless ordered to do so by a court of competent jurisdiction):*

Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		
Designated email address		
Home address		
Home mailing address (if different from home address)		

**REQUIRED DOCUMENTATION**

Applicants must provide the following with this application:

- Documentation of current NCRA or NVRA credential(s), as applicable, which shall constitute proof that continuing education/continuing competence requirements have been met.
- If applicable, an explanation of any “yes” answer to the background/character questions that includes the date, the underlying facts, any official action(s) taken based on the circumstances, and any other information the applicant believes is relevant.
- If applicant is not a U.S. citizen, proof of authorization to work in the U.S.
- Proof of a valid surety bond for the penal sum of \$1,000 that meets the conditions specified in RSA 310-A:177

**Fee:**

Application Processing Fee: \$155.00, except no fee is required for facilitated licensure for active military or military spouses

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**NOTE:** If fee is paid by check or money order, the check or money order should be made payable to "Treasurer, State of New Hampshire." If your application is denied, the application processing fee will not be refunded to you.

**Signature and Attestation**

By signing below, I attest that:

- I am not under investigation by any professional licensing board and my credentials have not been suspended or revoked by any professional licensing board, or a written explanation of each such occurrence is being submitted with this application;
- The information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief;
- I understand that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- I understand that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_