



STATE OF NEW HAMPSHIRE
COURT REPORTER REINSTATEMENT
\$680.00 Reinstatement Fee

The application must be legible filled out completely and typewritten
 Check Payable to "Treasurer, State of NH" or
 complete the enclosed credit card form **(Non-Refundable Fee)**

1. General Information

Name _____
 Last First Middle

Names Previously Used (if applicable) _____ SS# _____

Residence Address _____ zip code _____

Business Name & Position _____

Business Address _____
 Indicate mailing address by check box zip code _____

Business Phone _____ Home Phone _____

Email: _____

2. General Information Questions

CHECK ONE:

- | | 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/registration board in any other state and if so, an explanation of the circumstances? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer is yes to any of the above questions, submit a written explanation with your application

INCLUDE THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION:

- | | YES | NO |
|------------------------------------------------|--------------------------|--------------------------|
| 1. Surety Bond for the penal sum of \$1,000.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Include your NCRA or NCVA transcripts. | <input type="checkbox"/> | <input type="checkbox"/> |

3. References of Character and Qualifications

Applicant will give the names, complete addresses, occupation and business relationship with applicant of 3 references from Court Reporters as defined by RSA 310-A:162 II

Name	Address including zip code	Occupation/License	Business Relationship to Applicant

4. Affidavits

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 or 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:

Signature of Applicant

Date

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC – TECHNICAL DIVISION
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, NH 03301

Find us on the on-line at www.oplc.nh.gov/court-reporters/index.htm

Rev 10/12/16

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Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.

NEW HAMPSHIRE BOARD OF COURT REPORTERS
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, NH 03301

Dear Sir/Madam:

An individual has applied to this Board for reinstatement of licensure as a Court Reporter in the State of New Hampshire and has given your name either as a reference or has stated that he/she has worked for or with you. We will, therefore, appreciate your sending us information requested on the reverse hereof, and assure you that such information as you give will be treated in the strictest confidence.

Any person signing this statement will be expected to know the following:

This Board is required by law to obtain evidence of good character and qualifications of applicants for licensure as a Court Reporter. Statements by responsible persons with actual knowledge of the applicant's character and qualifications, if made on this form, will be filed by the Board for consideration as evidence in such connection.

The Board desires to emphasize that evidence submitted on these forms should not be perfunctory, nor made for the mere purpose of aiding the applicant to be licensed.

Since the board cannot review the application until replies are obtained from these references a prompt reply will expedite our handling of the applicant's request for reinstatement. **Please make certain that you enter the applicant's name on the reference form.**

Sincerely,



License Clerk

Re: Application of _____
(NAME IS REQUIRED)

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(to be typewritten or printed)
2. What is your address _____
(street and number) (city or town)
3. What is your present business or profession? _____
4. Are you a licensed Court Reporter? _____ In what State? _____ License # _____
5. How long have you known the applicant? From _____ To _____
6. Are you in any way related to the applicant? _____
7. What has been your business connection with the applicant? _____

8. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

9. Would you employ the applicant in a position of trust? _____
10. If the applicant is connected with a firm, please provide its name and address.

11. Position he/she fills? _____
12. If the applicant is in individual practice, please indicate the nature of such practice _____
13. Do you recommend the applicant for licensure as a Court Reporter? _____
14. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as a Court Reporter.

Date _____ Written Signature _____

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.

Fax: 603-271-7928

This page will be destroyed after the transaction has taken place.

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 :			

Rev. 5/16 Any payment for issued licenses or certifications are non-refundable.