



**Form ABCR TL 1**  
**(to be included with application for temporary licensure)**

<b>APPLICANT INFORMATION</b>		
Name:	Social Security #:	
Preferred Mailing Address:		
City:	ST:	Zip Code:
Telephone Number: (      )		
E-mail address:		

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the Board Rules relating to Temporary License and Professional Standards and that all supervised experience will be complete and in accordance with the Board Rules.
- That I will abide by all rules of the Board including ethics requirements.
- That if I do not pass the licensure examination and my temporary license expires, I may not work as a court reporter.
- That I will notify the Board if the supervisory arrangement is terminated.

**Acknowledgement and Waiver of Liability**

Any person, having applied for and received a temporary license pursuant to Alabama Code Section 34-8B-15, hereby acknowledges that he or she understands that, failure of the individual to become fully licensed within an eighteen (18) month period after receiving their temporary license, will result in said individual no longer being licensed by the Alabama Board of Court Reporting. Said individual further acknowledges that failure to obtain a full license within the eighteen (18) month period will result in the individual receiving notice to CEASE and DESIST all court reporting duties in the State of Alabama.

Having acknowledged that a failure of the individual to become fully licensed during said eighteen (18) month period, the temporary licensee hereby waives any and all damages that should occur as a result from his or her lost income or any other damages that should occur as a result of the individual being ordered to CEASE and DESIST court reporting duties in the State of Alabama, due to a failure to become fully licensed during the eighteen (18) month period in which he or she has a temporary license. See Ala. Code §34-8B-15(c).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to and Subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Printed Name of Notary

(Stamp)

STATE OF ALABAMA

COUNTY OF \_\_\_\_\_

<b>SUPERVISOR INFORMATION</b>		
Name:		
Type & Title of License Held:	Lic. #:	Exp. Date:
Date Original License was Issued:	State in which Lic. Was Issued:	
Employer:		
City:	ST:	Zip Code:
Telephone Number:(      )		
E-mail address:		

<b>INFORMATION RELATING TO SUPERVISED EXPERIENCE</b>
Name and address of organization or agency where experience will be gained (Complete a separate form for each setting):
Average number of work hours expected to be gained per week:

I, as the supervisor of the above named applicant's experience, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I understand the full professional responsibility for the services of the supervisee shall rest with the supervisor.
- That I understand the supervisee cannot engage in the independent practice of court reporting until he or she obtains a regular license as a Certified Court Reporter.
- That I understand that if the temporary license expires for supervisee without the supervisee passing the licensure examination, the supervisee may no longer work as a court reporter.
- That I will notify the Board if the supervisor arrangement is terminated.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Sworn to and Subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Printed Name of Notary

(Stamp)

STATE OF ALABAMA

COUNTY OF \_\_\_\_\_

