



Alabama Board of Court Reporting

P. O. Box 241565, Montgomery, AL 36124-1565

Phone: 334.328.7708

Web Site: www.abcr.alabama.gov

APPLICATION FOR Restoration of Licensure

Instructions: Please return this completed form to the Board Office (above address) to Restore your License.

Section 1 – General Information

Last Name: _____ First Name: _____ Middle Name: _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Home Phone: (____) ____-____ Work Phone: (____) ____-____ Other Phone: (____) ____-____
 E-mail: _____ (optional)
 Social Security Number: _____-____-____ D.O.B. ____/____/____(mm/dd/yyyy) () Male () Female
 License # _____

Section 2 A person seeking restoration of a license after it has been placed on inactive status for up to 5 years may file an application with the Board together with the required fees requesting restoration of a license. After, September 30, 2008, in order to restore a license, a person shall submit proof of 15 hours of continuing education completed within the twelve (12) months preceding the application requesting restoration of the license. The applicant shall also submit either:

1. Has your license been on inactive status for five years or less?
 Yes Date: _____ No Date: _____
2. Have you submitted proof of your 15 Continuing Education Hours received during the past year prior to this request? (15 CEU's required)
 Yes No Explain: _____
3. Have you enclosed Certification of current licensure from another jurisdiction completed by the appropriate board or licensure authority?
 Yes No
4. Have you enclosed an Affidavit from two (2) members of the bench or bar attesting to the applicant's active practice of court reporting in a state that does not require licensure for at least one year immediately prior to the date of application?
 Yes No
5. Have you enclosed an affidavit attesting to military service?
 Yes No
6. Have you enclosed any other proof acceptable to the Board of the applicant's fitness to have the license restored?
 Yes No
7. Are you a citizen of the United States of America? Yes No

Section 3 – Notarize

I, _____, acknowledge and state that all of the information supplied in this application is true and correct to the best of my knowledge, and that I have read and am familiar with the Rules and Regulations pertaining to the licensure of Court Reporters in the State of Alabama. I acknowledge that any false or untrue statements or representation made in this application may result in the denial or revocation of any license to practice court reporting granted to me and criminal prosecution to the fullest extent of the law.

Applicant's Signature _____

Date _____

Being duly sworn, says that he/she is the person who executed the above application and that all the statements herein contained are true.

County of _____ State of _____

SWORN to and subscribed before me this _____ day of _____, 20_____

_____(Notary Public)

Affix SEAL here :

My Commission Expires: _____

