

Alabama Board of Court Reporting
P. O. Box 241565, Montgomery, AL 36124-1565 Phone: 334.328.7708 Web Site: www.abcr.alabama.gov

VERIFICATION OF COURT REPORTING LICENSE

I, the Board of pertaining to me, to provide the information regarding final act Further, I request that this com Montgomery, AL 36124-1565	, its staff, or represe Alabama Board of Courtions taken against my lice pleted form be sent direct	resentative having control t Reporting any and all informse to practice court reportly to the Alabama Board	of any documents, recomments requested on requested on rting. of Court Reporting,	ords, and other infor this form, and any p.O. Box 241565,	mation pertinent
NAME OF APPLICANT(please	First:	Mi	Middle:		
Other names used in obtaining	licensure				
Date of Birth/	Social Security Num	ıber:			
License Number	Issue Date: _	/			
(Signature of Applicant) Current Address:					
For verification of LICENSURE Please provide exact dates.	to the Alabama Board of accepted. Any substitu	ng section must be completed by an official of the licensure board and returned directly ma Board of Court Reporting. Verifications returned to the applicant will not be my substitutions must contain all required information or it will not be accepted for purposes. State Seal must be affixed to be accepted.			
Full Name of Licensee Exactive Inactive	xpiration Date/_ Lapsed Ot	, License number	icensed:		
state?	date(s)/	•	, .	Yes	No
2. Has his/her applicatio		einstatement ever been der	nied or withdrawn?	Yes	No
3. Is this court reporter currently under investigation by your state board?				Yes	No
If license was obtained by exar Grades Received including spe			and the contents of the	e written knowledge	test:
Signature	,	le	Date		
E-mail	Phone		BOAR	D SEAL:	