Tennessee Board of Court Reporting

Administrative Office of the Courts
Nashville City Center, Suite 600
511 Union Street
Nashville, TN 37219
615/741-2687 or 800/448-7970
FAX 615/253-2922

RENEWAL
TENNESSEE COURT REPORTER LICENSE

Name _____ _____ _____ LCR# _____
(Last) (First) (Middle)

Indicate which address you want published: ☐ Residential ☐ Business

Residential Address: _____ City: _____ State ____ Zip _____

Business Address: _____ City: _____ State ____ Zip _____

Home Phone:_____ Business Phone _____Other: _____

County: _____ Email: _____

Method of Reporting: ☐ Voice Writer ☐ Machine Shorthand ☐ Other _____

I am applying for renewal of license based on the requirements of the Tennessee Board of Court Reporting. I have complied with the continuing education requirements. I have attached proof of completion of programs or have previously provided such.

I am aware that I must notify the board, in writing, of any change of address within thirty (30) days of the change. (TCA 20-9-612)

LICENSES (other than LCR):

State	License Type	Date of Issue	Status			
			Active	☐	Inactive	☐
			Active	☐	Inactive	☐
			Active	☐	Inactive	☐
			Active	☐	Inactive	☐

DISCLOSURE If you answer "Yes" to any of the following questions, attached a separate sheet giving a complete explanation including, dates, locations and disposition.

In the last 24 months have you been disciplined or had your license revoked or suspended by any state license entity?

☐ Yes ☐ No

Are you currently under investigation by any state license entity or any court reporting association?

☐ Yes ☐ No

In the last 24 months have you been convicted of a crime (other than a minor traffic violation), felony or misdemeanor?

☐ Yes ☐ No

AFFIDAVIT OF APPLICANT

I, _____, acknowledge and state that all of the information supplied in this renewal application is true and correct to the best of my knowledge. Further, I have read and am familiar with the Rules and Regulations pertaining to the licensure of Court Reporters in the State of Tennessee 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.

_____

Applicant's Signature

Your application will be processed within thirty (30) days of the date this application and any supporting documentation is received. Please send a check or money order to:

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RENEWAL FEE: $200.00