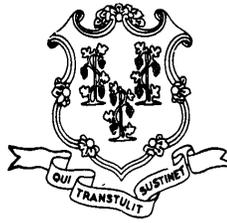


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
Occupational & Professional Licensing Division  
165 Capitol Avenue  
Hartford, CT 06106  
Telephone: (860) 713-6135  
Email: [dcp.occupationalprofessional@ct.gov](mailto:dcp.occupationalprofessional@ct.gov)  
Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## Shorthand Reporter Application

### Instructions

1. This application must be completed by the individual applying for licensure.
2. To become licensed in the State of Connecticut, an applicant for a shorthand reporter license shall take and pass an examination of the National Court Reporters Association or an examination substantially similar; or has submitted evidence satisfactory to the board that such person is a Registered Professional Reporter of the National Court Reporters Association or its equivalent. You may contact the Connecticut Court Reporters Association website at [www.ctreporters.org](http://www.ctreporters.org) for further information.
3. A check or money order in the amount of **\$290.00** (\$100.00 application fee + \$190.00 initial license fee) made payable to "Treasurer, State of Connecticut" must accompany this application. Application fees are non-refundable. All licenses expire triennially on December 31<sup>st</sup>.
4. Return the completed application, documentation and fee to the above address.

### Applicant Information

|  |               |                |                        |               |
|--|---------------|----------------|------------------------|---------------|
| First Name   |               | Middle Initial | Last Name              |               |
| Street Address   |               | City           | State                  | Zip Code      |
| Telephone Number   | Email Address |                | Social Security Number | Date of Birth |
| Mailing Address (if different from above)  |               | City           | State                  | Zip Code      |
| Do you have a professional designation form NCRA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the certificate.                     |               |                |                        |               |
| Do you presently hold a license for your occupation in any State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of your current license |               |                |                        |               |
| Have you ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.                      |               |                |                        |               |

### Employer Information

|                         |  |      |       |          |
|-------------------------|--|------|-------|----------|
| Business Name           |  |      |       |          |
| Business Street Address |  | City | State | Zip Code |

### Notarization

*I, being duly sworn according to law, hereby affirm that the answers given in this application are true to the best of my knowledge and belief and that this application is made for the sole purpose of obtaining a license.*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Notary Public, Justice of the Peace, Commissioner of Superior Court

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