

BOARD OF CERTIFIED COURT REPORTERS

Post Office Box 369
Jackson, Mississippi 39205-0369
Telephone: (601)576-4623

450 High Street, 2nd Floor
Jackson, Mississippi 39201
Facsimile: (601)576-4733

CSR EXAM APPLICATION

All remittances (fee and application) must be sent to:

BOARD OF CERTIFIED COURT REPORTERS
Post Office Box 369
Jackson, Mississippi 39205

**Please fill in all blanks. If not applicable, indicate so by N/A. Application must be postmarked 30 days before exam date.*

Name: _____

Address: _____

Telephone No.: _____

Email Address: _____

Social Security No.: _____

Temporary CSR No.: _____

Test Date Applied for: _____

I will take: (1) oral & written exam (\$75) _____
(2) oral exam only (\$75) _____
(3) written exam only (\$50) _____

Total Enclosed:
(\$35) One-Time Application Fee _____
Exam Fee _____
Total _____

I will take the oral exam by use of the following method:

Stenotype Machine _____
Steno Mask _____
Written Shorthand _____

Signature: _____