

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

CCR EXAM APPLICATON

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) skills & written exam	(\$125) _____	Total Enclosed:	_____
	(2) skills exam only	(\$100) _____	(\$50) One-Time Application Fee	_____
	(3) written exam only	(\$75) _____	Exam Fee	_____
			Total	_____

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

Stenotype Machine _____
Steno Mask _____
Written Shorthand _____

Signature: _____