



Alabama Board of Court Reporting

P. O. Box 241565, Montgomery, AL 36124-0066

Phone: 334.215.7232 Fax: 334.215.7231

Web Site: www.abcr.alabama.gov

APPLICATION FOR INACTIVE STATUS

Instructions: Please return this completed form to the Board Office (above address) to place your license on inactive status.

Section 1 – General Information

Last Name: _____ First Name: _____ Middle Name: _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Home Phone: (____) ____-____ Work Phone: (____) ____-____ Other Phone: (____) ____-____
 E-mail: _____ (optional)
 Social Security Number: _____-____-____ D.O.B. ____/____/____(mm/dd/yyyy)
 () Male () Female License # _____

Section 2 – Reasons for Applying for Inactive Status:

- () Moving out of State
- () Changed Profession
- () Other: Please explain _____

Section 3 – Guidelines for Inactive application

A Court Reporter who applies for Inactive Status:

- Must not take on any new court reporting assignments;
- Must maintain transcripts, exhibits, and all other records in a Civil Case 5 years; in a criminal Case 25 years; and in a capital case indefinitely, or as specified by Alabama law whichever is longer.
- All transcripts provided after the date of Inactive status must display the court reporters license number with the designation (Inactive. CCR#XXX).
- Must pay the \$10.00 fee

I, _____, acknowledge and state that all of the information supplied in this application is true and correct to the best of my knowledge, and that I have read and am familiar with the Rules and Regulations pertaining to the licensure of Court Reporters in the State of Alabama. 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 and criminal prosecution to the fullest extent of the law.

Applicant's Signature _____

Date _____

Being duly sworn, says that he/she is the person who executed the above application and that all the statements herein contained are true.

County of _____ State of _____

SWORN to and subscribed before me this _____ day of _____, 20 _____

_____(Notary Public)

Affix SEAL here :