



Alabama Board of Court Reporting

P. O. Box 240066, Montgomery, AL 36124

Phone: 334.215.7233

FAX: 334.215.7231

Web Site: www.abcr.alabama.gov

CHANGE OF INFORMATION NOTICE

(Name Change or Address Change, etc.)

Current Licensee Information on file:

Last Name: _____ First Name: _____ Middle Name: _____

ACCR #: _____

Mailing Address: _____ City _____ State _____ Zip _____

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Other Phone: (____) ____-____

E-mail: _____

Complete ALL sections below that have changed.

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Other Phone: (____) ____-____

E-mail: _____ Web Site: _____

Employment:

Name and Address of Employer	Beginning/Ending dates of Employment	Title of Position	Phone

If additional space is needed, record on a separate sheet of paper and attached to this application.

Education:

High School	City, State	Dates Attended	Graduation date	Major
University/College	City, State	Dates Attended	Graduation date	Major
Other	City, State	Dates Attended	Graduation date	Major

If additional space is needed, record on a separate sheet of paper and attached to this application.

List all Court Reporting licenses you hold or have held.

State	Type License	Date License was Issued	License Status
			Active Inactive

			Active	Inactive
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If additional space is needed, record on a separate sheet of paper and attached to this application.

If you answer, "YES" to any of the following questions you are required to furnish complete details, including date, place, reason and disposition of the matter. Include any explanations on a separate sheet of paper attached to this application. Failure to furnish complete documentation may result in a delay in the processing of your application.

- | | YES | NO |
|--|-------|-------|
| 1. Are you currently charged with, or ever been convicted of a felony or misdemeanor? | _____ | _____ |
| 2. Do you have any physical, mental or emotional impairments that would hinder your ability to perform duties assigned in the profession of Court Reporting? | _____ | _____ |
| 3. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action? | _____ | _____ |
| 4. Have you ever voluntarily or otherwise surrendered your Court Reporter license or certification/ registry in any jurisdiction, state or territory? | _____ | _____ |
| 6. Are you currently under investigation by any Court Reporting licensing board or agency? | _____ | _____ |

This is a request for a legal name change. I have attached copies of at least one of the following pertinent documents, regarding legal name change (Marriage Certificate, Divorce Decree, Court Order, Other: _____).

I am requesting other change of information that does not require a replacement of my current license (address change, etc.).

I am requesting a replacement of my license reflecting this request for name change.

Affidavit of Applicant

I, _____ acknowledge and state that all of the information supplied in this application is true and correct to the best of my knowledge, and I acknowledge that any false or untrue statements or representation made in this application may result in the revocation or denial of any license to practice court reporting granted to me and criminal prosecution to the fullest extent of the law.

Applicants Signature

Date