



# Court Reporting Services

## Application for Part A Officialship Examination

Last Name	First Name	Middle Initial
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		

Address	City	State	Zip Code

(Area Code) Daytime Phone Number	Social Security Number

Illinois CSR Number	Issued Date	Test Part	Test Location
		<input type="checkbox"/> Part A	

***In Support of my Application for Part A Officialship Testing, I Hereby Certify that:***

- I am a Class \_\_\_\_\_ Official Court Reporter presently in the employ of the State of Illinois who is striving to achieve a higher proficiency rating; OR
- I am the holder of an active, unrestricted CSR license issued by the Illinois Department of Professional Regulation.

***OR In the Alternative:***

- I am attaching** a certificate or letter dated and signed by an authorized official of \_\_\_\_\_, a certified court reporting school, which will evidence the fact that I have passed a test at \_\_\_\_\_ wpm, Q & A, for a period of 5 minutes with 95% or higher accuracy; OR
- I am attaching** a certificate or letter dated and signed by (Mr./Ms.) \_\_\_\_\_, an official court reporter of the State of Illinois, which will evidence the fact that I have passed a test of at least \_\_\_\_\_ wpm, Q & A, for a period of at least 5 minutes, with at least 95% or higher accuracy, which was either administered by or witnessed by said reporter.

\_\_\_\_\_

*Applicant's Signature* *Date*

**Return completed application to:**  
 Court Reporting Services  
 Attn: Court Reporter Testing  
 325 W. Adams  
 Springfield, IL 62704  
 Fax: (217)557-0267

FOR OFFICE USE ONLY	