



Court Reporting Services

Application for Computer Proficiency / Realtime Examination

Last Name	First Name	Circuit	County

Address	City	Zip Code

(Area Code) Daytime Phone Number	Ext.

Exam Location	CSR Number

SUPERVISOR AUTHORIZATION (REQUIRED):

I have authorized the above reporter to attend the Proficiency Examination on _____.

Date

I know or have verified that the reporter regularly uses computer aided transcription system.

Supervisor Signature *Date*

Please return to:

Court Reporting Services
Office of the Comptroller
325 West Adams Street
Springfield, IL 62704
217/557-0267 (Fax)

