		KY COURT REPORTERS ASSOCIATION On for Voluntary Certified Court (CCR) Program
Name:		
Firm Name	»:	
Address:		
Home Pho	ne:	
Office Pho	ne:	
CAT Syste	m:	
Fax No.:		
E-Mail Add	lress:	
l am: WAIVER:	I am a Notary Public (Copy of Notary cer I am official reporte	r Pen Writer ic in the State of Kentucky rtificate must accompany application) er and hereby certify that my current reporting position does be a Kentucky Notary Public
		(Signature)
I am an:		RMR RDR CCR CLVS CPE CBC CRI CMRS MCRI State of CSR
	CCP C FAPR M	CPECBCCRICMRS
	GCP CCP C FAPR M	CPECBCCRICMRS MCRIState ofCSR
	CCP CP FAPR M f all of my certifica I am applying I am a curren NCRA Membe	CPE CBC CRI CMRS MCRI State of CSR ates checked above are attached. g for certification for examination. nt NCRA member

I am enclosing a \$30 application fee made payable to KyCRA Please submit the following with your application:			
*Check or money order payable to KyCRA in the amount of \$30.00 *Copies of current state and/or national certifications *Copy of NCRA cycle transcript (if applicable) *Copy of current Kentucky Notary Public Certificate I have completely filled out this application, attached required documentation and understant that an incomplete application will be returned to me. By signing this application, I agree t abide by the rules, policies and procedures set forth in the KyCRA Voluntary CCR Program.			
(Signature of applicant)	(Date)		
Send two-page application, all documentation and check payable	e to KyCRA to:		
KyCRA, Inc.			
Post Office Box 11966			
Lexington, Kentucky 40579			
(859) 229-4514 kycrasecretary@gmail.com			
<u>kycrasecretary@gmail.com</u>			

I am applying for certification by reciprocity

For Office Use Only:

Certificate Number:	
Required Info:	

(Form revised 9/13)