

Texas Court Reporters Association

Texas Certified Realtime Reporter Exam

APPLICATION FOR SPECIALIZATION EXAM

| | |
|------------------------|--|
| Name: | |
| CSR #: | |
| Firm/Court: | |
| Address: | |
| City/State/Zip: | |
| Phone: | |
| Fax: | |
| Email: | |

Application for Waiver

I certify that I currently hold an equivalent certification of this specialization exam and meet all eligibility requirements.

Signature of Applicant: _____

My equivalent certification includes, but is not limited, to the following certification(s): _____.
(**Please attach documentation stating proof of equivalent certification(s), including your name and expiration of equivalent certification)

PAYMENT INFORMATION

_____ (\$120) TCRR Exam – **Friday, June 10th, 2011 – Corpus Christi, TX**
_____ (\$120) TCRR Application for Waiver

Form of Payment:

Check #: _____

___ American Express ___ MasterCard ___ VISA ___ Discover

Credit Card Number: _____ Expiration Date: _____

Name of Card Holder: _____ Signature: _____

Billing Zip Code: _____

Return To:

P.O. Box 2379

Athens, Texas 75751

Phone: (903) 675-1806 Toll Free: (877) 277-8272 Fax: (903) 675-2619

Email: texasera@embarqmail.com www.tcra-online.com

Deadline: Friday, June 3rd, 2011

Cancellation Policy: If cancellation of an examination is given by TCRA, a Notice of Cancellation will be given to all Applicants within 48 hours of an examination date. Cancellations by Applicants must be made at least seven (7) days prior to the examination date. After cancellation deadline, no refunds will be given. A non-refundable processing fee of \$35 will be held by TCRA.