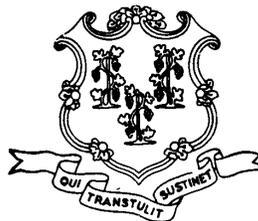


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION  
 Telephone: (860) 713-6135  
 Email: [occprotrades@ct.gov](mailto:occprotrades@ct.gov)  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## Shorthand Reporter Application

### INSTRUCTIONS:

All spaces must be completed – please print or type. This application **must be accompanied by a check or money order in the amount of \$290.00** (\$100.00 application fee + \$190.00 initial license fee), made payable to **“Treasurer, State of Connecticut.”** Application fees are non-refundable. All licenses expire triennially on December 31<sup>st</sup>.

→ Return your completed application and fee to:

**Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106**

### **APPLICANT INFORMATION:**

First Name		Middle Initial	Last Name	
Street Address		City		State Zip Code
Telephone Number (with area code)	Social Security Number	Email Address		Date of Birth / /
Do you have a professional designation from NCRA? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attach a copy of the certificate.				
Do you presently hold a license for your occupation in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attach a copy of your current license.				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the Criminal Conviction Worksheet available on our web site at <a href="http://www.ct.gov/dcp">www.ct.gov/dcp</a> and attach to this application.				

### **EMPLOYER INFORMATION:**

Business Name			
Business Street Address		City	State Zip Code

Any persons making any misstatement as to experience or other qualifications or any person subscribing to or vouching for any misstatement shall be subject to those penalties as provided for in the Connecticut General Statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and Sworn to before me \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Signature of Notary Public/Justice of the Peace

\_\_\_\_\_  
My Commission Expires