



# Iowa Board of Examiners of Shorthand Reporters

## Iowa Supreme Court

JUDICIAL BRANCH BUILDING  
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### APPLICATION FOR CERTIFICATE OF EXEMPTION

NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FORMER NAMES: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Office: \_\_\_\_\_

CSR CERTIFICATION DATE: \_\_\_\_\_

CSR LICENSE NO.: \_\_\_\_\_

I hereby make application, pursuant to Rule 46.8(3) of the Rules of the Board of Examiners of Shorthand Reporters, for a Certificate of Exemption from the requirements for mandatory continuing education of the Board of Examiners of Shorthand Reporters. I understand that once granted a Certificate of Exemption, I will be in violation of the Board Rules if I engage in the practice of shorthand reporting within the State of Iowa without first having been reinstated pursuant to Rule 46.8(4) of the Rules of the Board of Examiners of Shorthand Reporters. I certify that I will not engage in the practice of shorthand reporting within the State of Iowa without first having been so reinstated. I further certify that I understand the requirements for reinstatement set forth in Rule 46.8(4) of the Rules of the Board of Examiners of Shorthand Reporters.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE