



Iowa Board of Examiners of Shorthand Reporters

Iowa Supreme Court

Judicial Branch Building
1111 East Court Avenue
Des Moines, Iowa 50319
Telephone (515) 725-8029
Fax (515) 725-8032

APPLICATION FOR WAIVER OR EXTENSION OF TIME TO COMPLETE EDUCATIONAL REQUIREMENT

ENCLOSE \$50.00 FEE MADE PAYABLE TO JUDICIAL DEPARTMENT SHORTHAND REPORTERS BOARD

NAME: _____ MAIDEN: _____

ADDRESS: _____ E-MAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME _____ OFFICE _____

CSR CERTIFICATION DATE: _____ CSR LICENSE NO. _____

I hereby make application, pursuant to Iowa Court Rule 46.8(2), for an extension of time to fulfill, or waiver of, continuing education requirements. (Describe specifically your request and enclosed additional sheets of supporting information if appropriate.)

Hardship or extenuating circumstance(s):

Relief Sought:

I hereby certify that the facts set forth above are true and correct and that this application is made in good faith and not for the purpose of evading the requirements of Iowa Court Rule 46.8.

Dated this _____ day of _____, 20_____.

Signature