

APPLICATION FOR TEMPORARY CERTIFICATION**Please read the following warnings and instructions before proceeding:**

- Falsifying information on your application will result in your exclusion from the certification program.
- Your employer must authorize and sign your application for temporary certification.
- Applications will not be processed unless all requested information is provided. Please fill in all blanks.
- Send completed applications and documentation to: **COURTSERVICES@COURTS.MI.GOV**

IDENTIFYING INFORMATION

- ☐ I was previously issued a temporary certification.
- ☐ I have taken a certification exam prior to 2017.

Certification number (if known) _____

Type of equipment used _____

Date of birth _____ Area code and telephone no. _____

Length of service with employer _____

Last name _____ First name _____ Middle initial _____

Name of employer, business, or court _____

Residence address _____

Employer address _____

City, state, and zip _____

City, county, and zip _____

E-mail address _____

Area code and telephone no. _____ Area code and FAX no. _____

Have you been convicted of a felony? ☐ Yes ☐ No

a. If yes, specify your conviction date below. If no, continue to next section.

b. Are you on probation or parole? ☐ Yes ☐ No

If no, specify the date you were released from jail/prison or discharged from probation/parole.

If yes, specify the date your jail/prison sentence or term of probation/parole expires.

Date(s) (if applicable) _____

COURSE AND EXAM INFORMATIONI am registered for the next ☐ CER ☐ CEO ☐ CSR ☐ CSMR examination. (Attach proof of registration.)☐ I completed the required course of study on _____ . (Attach documentation.)
Date☐ I am registered for the required course of study. (Attach documentation.)

Date _____

Applicant's signature _____

EMPLOYER AUTHORIZATION

This applicant has the requisite skills and experience to fulfill the duties of official

☐ reporter. ☐ electronic recorder. ☐ electronic operator.

Furthermore, the applicant will receive instruction from and be supervised by a fully certified reporter or recorder, as applicable.

Date _____

Employer's signature _____

Employer's name (type or print) _____

Employer's title _____