## APPLICATION FOR TRANSCRIPTIONIST FOR LEWIS COUNTY SUPERIOR COURT

Date:			
To: Superior Court Administra	tor, 345 W. Main St, 4 <sup>th</sup>	Fl, Chehalis, WA 985	32
Full Name:			
Address:			
City:	State:	ZIP:	
Business Phone Number: (This number will be published requests.)	on the Lewis County we	ebsite and kept on file	for transcript
E-mail address:			
Please state qualifications: (ch	eck all that apply).		
I am a court reporterI am employed full time bycou			court.
AAERT Certificate*	Date of certifi	cation	
One year mentorship	completed* Date of	Completion:	
*Attach certificates or affidavit	ts*		
All transcripts must have the G	R 35 certification attac	hed as required by Su	perior Court.
Please list any other qualificati	ons you believe are rele	evant.	
I certify under the penalty of petrue and correct.	erjury under the laws of	<sup>:</sup> the State of Washing	iton that the above is
Date and place signed	Signature	!	
	 Print nan		