

APPLICATION FOR TRANSCRIPTIONIST
FOR MASON COUNTY SUPERIOR COURT

Date _____

To: Superior Court Administrator
2nd Floor Courthouse
419 N 4th Street
P.O. Box X
Shelton, WA 98584

Full Name _____

Address _____

City _____ STATE _____ ZIP _____

Business Phone Number _____

(This number will be published on the Mason County website and kept on file for transcript requests)

E-mail address: _____

Please state qualifications: (check all that apply).

_____ I am a court reporter _____ I am employed full-time by _____ court.

_____ AAERT Certificate* Date of certification _____

_____ One year mentorship completed* Date of Completion _____

Attach certifications or affidavits

All transcripts must have the GR 35 certification attached as required by Superior Court.

Please list any other qualifications you believe are relevant.

I certify under penalty of perjury under the laws of the State of Washington that the above is true and correct.

Date and place signed

Signature

Print name