Approved, SCAO

# 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: **Certification, PO Box 30048, Lansing, MI 48909.**

## 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 INFORMATION

I am registered for the next ☐ CER ☐ CEO ☐ CSR ☐ CSMR examination. (Attach proof of registration.)

☐ I completed the required course of study on _____ (Date). (Attach documentation.)

☐ 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