



# The State Bar of California

OFFICE OF ADMISSIONS

180 Howard Street, San Francisco, CA 94105 Tel: (415)538-2120 E-mail: [legalspec@calbar.ca.gov](mailto:legalspec@calbar.ca.gov)

## Legal Specialization Credit Card Authorization Form Post-Examination Application for Certification and Recertification Application

Attorney Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

DESCRIPTION	FEE*
<i>Legal Specialization Post-Examination Application for Certification Fee</i>	\$300
<i>Legal Specialization Recertification Application Fee</i>	\$350
<b>TOTAL</b>	

*\*For credit card payments, a processing fee of 2.5% will be added to all charges. There is no processing fee associated with payments by check.*

This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to Legal Specialization. **Please print legibly.**

Credit Card Number: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_ Expiration Date (Month/Year) \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  Discover  American Express

Name on Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

*By my signature on this document, I/we hereby authorize The State Bar of California to charge my/our Visa, MasterCard, Discover, or American Express account for the amount listed in the 'Total' box above.*

### SUBMISSION INFORMATION

**MAIL TO:**  
The State Bar of California  
Department of Legal Specialization  
180 Howard Street  
San Francisco, CA 94105

OR

**FAX TO:**  
(415) 538-2180