

Registration for Legal Specialist Certification Examination Exam Date: October 25, 2011, 8:00 a.m.

Registration Deadline: Must be received by September 26, 2011. After that date, registrations will be processed on a "space available" basis only and an additional late fee will apply.

Examination Registrant's Name:				
California State Bar Membership Number:				
Address:				
City:	State: Zip:			
Phone:	Email:			
Examination for which you are registering (Please check one box):				
Admiralty and Maritime Appellate – Civil Appellate – Criminal Bankruptcy Criminal – State Criminal – Federal Estate Planning, Trust and Probate	☐ Family ☐ Franchise and Distribution ☐ Immigration ☐ Legal Malpractice ☐ Taxation ☐ Workers' Compensation			
How did you learn about the legal specialization program? (check all that apply)				
☐ A colleague☐ State Bar Website☐ Mailing or e-mail to State Bar of California section members	☐ California Bar Journal ☐ Information booth at conference: ☐ Other:			
I wish to take the examination in (check one	e):			
Southern California (Pasadena ConventNorthern California (Oakland Convention				
I wish to take the examination using the follow	owing method (check one):			
	hat I must download ExamSoft software and register g at the test center, and that I will need to agree to ke the Legal Specialization Examination.			
I wish to pay by (check one):				
 Enclosed Check made payable to The S Enclosed Money Order made payable to MasterCard or Visa (complete and sign 				

The undersigned states:

- I am an active member of the State Bar of California.
- I am registering to take the written examination to be given on Tuesday, October 25, 2011, from approximately 8 a.m. to 5:30 p.m., with a lunch break on my own.
- I understand that, if I am successful on the examination, I will be required to file an
 application for certification with the appropriate fee, demonstrating compliance with all
 other requirements of the legal specialization program, including education, tasks and
 experience, and recommendations, on or before April 25, 2013 before my application
 can be considered by the Board of Legal Specialization.
- I am aware that the requirements for becoming a certified specialist are set forth in the Rules and Standards available at www.californiaspecialist.org and that the Board of Legal Specialization recommends that I review these rules prior to applying to be sure that I can meet the requirements within 18 months after taking the examination.
- I understand that the program is self funded, and, if certified, I will be required to pay an additional annual fee and to recertify every five years, though I will not need to take the examination again.
- I fully understand that failure to make a truthful disclosure of any fact or item of information required may result in denial of my registration, revocation of my certificate of specialization, if granted, or disciplinary action by The State Bar of California.

I have carefully read the foregoing registration and declare, under penalty of perjury under the laws of the State of California, that the information I have provided is true and correct.

Executed on		at	, California
])	(Date)	(City and/or Count	y)
Signature:			

Before mailing, please check to see if you have:

- 1) Filled in all questions
- 2) Signed the form
- 3) Enclosed payment or filled in the attached credit card authorization form

Mail application with payment to:
Department of Legal Specialization
The State Bar of California
180 Howard Street
San Francisco, CA 94105

-or-

Fax application with credit card payment to 415-538-2180

You will receive an email confirmation and receipt when your application has been processed.

THANK YOU!

The State Bar of California Board of Legal Specialization Examination Credit Card Authorization Form

Examination Registrant's Information

(Please enter all information below even if you have already entered on page 1. Thank you for your cooperation.)

, ,			
Bar Number:			
Name:			
Address:			
City:			
Phone:	Email:		
Credit Card Information			
☐ Visa ☐ MasterCard Only Visa and MasterCard credit	cards are accepted.		
Credit Card Number:			
Expiration Date (Month/Year):			
Name on Card:			
Billing Address:			
City:	State:	Zip:	
Signature:		_ Date: _	
By my signature on this documen my/our Visa or MasterCard accounts (Be sure to write)	unt for the amount that I have		
Examination registration (Ap	plies to All Registrants)	\$350	\$
Laptop fee (Applies to Registrants who wish to type the		\$125	\$
exam on their computer rath Late Fee (Registration Rece		\$150	\$
10/17/2011 Late Fee (if registering after	October 17, 2011)	\$250	\$
TOTAL (Add all lines above		Ψ=00	\$