



CALIFORNIA BOARD OF LEGAL SPECIALIZATION OF THE STATE BAR OF CALIFORNIA

180 HOWARD STREET
SAN FRANCISCO, CALIFORNIA 94105-1617
TELEPHONE: (415) 538-2120
FAX: (415) 538-2180
E-MAIL: legalspec@calbar.ca.gov
WEBSITE: www.californiaspecialist.org

Legal Specialization Replacement Certificate Form

Attorney Name: _____ Bar Number: _____

Address: _____

City, State, Zip: _____

Telephone: _____ E-mail Address: _____

Please print your name as it should appear on your Certificate of Specialization:

DESCRIPTION	AMOUNT DUE
-------------	------------

<input type="checkbox"/> Legal Specialization Replacement Certificate _____	\$25
---	------

If paying by credit card, add 2.25% processing fee*

<input type="checkbox"/> add \$0.56 processing fee _____	
---	--

TOTAL \$
(Enter total above)

**For credit card payments, a processing fee of 2.25% 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.**

- Pay by Check** - Make check payable to 'The State Bar of California'
- Pay by Credit Card** - I authorize the State Bar to charge applicable credit card processing fees

Credit Card Number: _____

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

Credit Card Type: Visa MasterCard Discover American Express

Name on Card (print legibly): _____

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