



# The State Bar of California

DIVISION OF REGULATION

180 Howard Street, San Francisco, CA 94105

415-538-2120

## 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* _____	\$26

*\*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 may only 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 'Amount Due' box above.*

### SUBMISSION INFORMATION

**MAIL TO:**  
The State Bar of California  
Division of Regulation - Legal Specialization Unit  
180 Howard Street  
San Francisco, CA 94105

OR

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