



The State Bar of California

DIVISION OF REGULATION

180 Howard Street, San Francisco, CA 94105

415-538-2120

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>	\$318
<i>Legal Specialization Recertification Application Fee</i>	\$371
TOTAL	

**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
Division of Regulation - Legal Specialization Unit
180 Howard Street
San Francisco, CA 94105

OR

FAX TO:

(415) 538-2180