

REQUEST COPY OF PRIOR CHARACTER & FITNESS APPLICATION

PLEASE NOTE: Applications to jurisdictions not listed in the drop-down menu are not available from NCBE. All applications may not be on file in this office as NCBE retains applications for approximately 7 years. You may contact the NCBE Intake Department (intake@ncbex.org) to confirm availability.

| I,, reques filed on for admission to the jurisdiction (<i>list only</i> Home Address: City: State: | | E Character and Fitness application |
|--|---|-------------------------------------|
| Home Address: | y one) of | |
| | | - |
| City: State: | | |
| | | |
| E-mail Address: | NCBE Number: N | Date of Birth: |
| Signature: | | |
| If the above application was made under a different na | ame, please provide the fol | lowing: |
| Name on application: | | |
| | | |
| <u>DELIVERY METHOD</u> - \$75 Per Selection | | |
| applicant's home delivery address and the delivery wil □ Digital copy (PDF) delivered to the Bar Admission Aut I understand that making this request does NOT conducts not warrant that the admitting authority will accept | hority of (jurisdiction): stitute a completion of the a ot an application directly fron | |
| CHARGE THE FEE (\$75 FER SELECTION ABOVE) | MasterCard | □ Visa |
| | | Expiration Date: |
| Card #: | | |
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| CVV: Billing Address: | | |
| Card #: | _ State: | Zip Code: |
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| CVV: Billing Address: City: Cardholder Signature: | _ State: | Zip Code: |
| CVV: Billing Address: | _ State: | Zip Code: |