



# National Conference of Bar Examiners

## REQUEST FOR PHOTOCOPY OF PRIOR APPLICATION

- I, \_\_\_\_\_, request a photocopy of my original NCBE character and fitness application filed on \_\_\_\_\_ for admission to the jurisdiction (*list only one*) of \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number (*last four numbers only*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE:** If the above application was made under a different name, please provide the following:

Name on application: \_\_\_\_\_

Signature as it appears on that application: \_\_\_\_\_

**PLEASE NOTE: All applications may not be on file in this office; NCBE does not retain applications indefinitely, and not all jurisdictions utilize NCBE investigation services. You may call the NCBE Intake Department to confirm availability.**

- SHIPPING METHOD**

☐ Please send the photocopy of my application by certified first-class mail. (No shipping fee applies for this method.)

☐ Please FedEx the photocopy of my application. (FedEx shipping fees apply.)

**Select FedEx Shipping Method (All methods will require a signature.)**

☐ FedEx Priority Overnight    ☐ FedEx Standard Overnight    ☐ FedEx 2-Day

**Select Payment Option**

☐ Charge the FedEx fee and photocopy fee to my credit card. (Card information below.)

☐ Bill to my FedEx Account Number: \_\_\_\_\_

- SHIPPING DESTINATION (Choose only one option.)**

☐ Please send the photocopy to the bar admission authority of (*jurisdiction*) \_\_\_\_\_

I understand that making this request does NOT constitute a completion of the application process for admission to the bar. NCBE does not warrant that the admitting authority will accept an application directly from NCBE.

☐ Please send the photocopy to my home address noted above. (Applications will only be sent to applicant's **home delivery address**.)

- THE PHOTOCOPY FEE OF \$30 MUST ACCOMPANY THIS REQUEST.**

- METHOD OF PAYMENT**

☐ Payment (check or money order payable to NCBE) is enclosed.

☐ Charge the fee(s) to my:



Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Mail or fax your request to the address/fax number below.**

302 South Bedford Street, Madison, WI 53703-3622 • 608-280-8550 • Fax: 608-442-7980 • TDD: 608-661-1275 • Web: [www.ncbex.org](http://www.ncbex.org)

All information solicited and received for character reports is treated confidentially by NCBE and restricted to official use by the proper admitting authorities.  
NCBE is an affiliated organization of the American Bar Association.