

# REQUEST FORM TO OBTAIN A CERTIFIED COPY OF YOUR APPLICATION

To obtain a certified copy of your Application for Examination and Character & Fitness Questionnaire complete this form on your computer or legibly handwrite. This form must be signed and notarized. A **\$50.00 certified check, money order, or cashier's check** made payable to the Virginia Board of Bar Examiners must accompany this form. **We do not accept firm checks or personal checks.**

Please be advised that applicants frequently request certified copies. These requests are fulfilled in the order received and done as promptly as possible. Please allow up to two (2) weeks for your request to be fulfilled.

**Mail this request with  
CERTIFIED CHECK, MONEY ORDER or CASHIER'S CHECK  
for \$50.00 to:  
Virginia Board of Bar Examiners  
2201 West Broad Street, Suite 101  
Richmond, VA 23220**

I request a certified copy of my application for the following application(s):

\_\_\_\_\_ Month/Year      \_\_\_\_\_ Month/Year      \_\_\_\_\_ Month/Year      \_\_\_\_\_ Month/Year      \_\_\_\_\_ Month/Year

Social Security Number \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Current Name \_\_\_\_\_

Name at the time of Application \_\_\_\_\_  
(if different than above)

Street Address (where application is to be sent) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City \_\_\_\_\_

I, a Notary Public of such County/City, certify that this day personally appeared before me \_\_\_\_\_ who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires on \_\_\_\_\_

Registration Number (if applicable) \_\_\_\_\_

Notary Public