# Application for

**Board Certified Senior Specialist**

**Pursuant to Rule 6.0, et seq. (2013)**

**National College for DUI Defense, Inc.**

**Please mail the completed application, along with your application fee to:**

**Certification Evaluation Committee**

**National College for DUI Defense, Inc.**

**445 S Decatur Street**

**Montgomery, AL 36104**

**SECTION A**:

1. Name:

2. Bar Number: State:

3. Firm:

4. Business Address:

5. City:

6. State: Zip:

7. Telephone: ( )

8. Facsimile: ( )

9. E-mail: Website:

10. What is your jurisdiction of principal practice (to include States, Territories, the District of

Columbia, Federal Courts, and Foreign Jurisdictions)?

11. List any other jurisdictions in which you are licensed to practice.

12. Have you ever been disciplined or investigated for disciplinary allegations by any

jurisdiction?

13. If you answer yes to number 12, attach findings and an explanation.

**SECTION B:**

**Please list at least three (3) references from lawyers (who are not judges) who practice in the jurisdiction of your principal practice.**

***None of the references may be related to or engaged in the legal practice of law with you. Since three are required, the Committee recommends you list at least four in the event one or more references are delayed.***

1. Name:

Address:

Telephone Number: ( )

2. Name:

Address:

Telephone Number: ( )

3. Name:

Address:

Telephone Number: ( )

4. Name:

Address:

Telephone Number: ( )

5. Name:

Address:

Telephone Number: ( )

**SECTION C:**

1. Has your Board Certification lapsed at any time?

2. I, the applicant, attest to the following statements, as acknowledged by my notarized

signature below:

(a) DUI defense comprises at least fifty percent (50%) of the total of my law practice; and

(b) During the preceding three (3) year period to this application for certification renewal,

I have completed thirty-six (36) hours of continuing legal education in the field of DUI Defense

Law.

3. I hereby acknowledge, by the submission of this application, my agreement to provide any

and all information, and to give full cooperation to the Board of Regents of the NCDD or its designees as necessary for the investigation of my application for Board Certified Senior Specialist.

4. Under penalties for perjury, I declare that I have examined this Application for Board Certified Senior Specialist, and to the best of my knowledge and belief I hereby swear or affirm that all of the information contained therein is true, correct, and complete.

Signature of Applicant/Affiant

The undersigned, a Notary Public in and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

appeared in person, and before me SUBSCRIBED and SWORE to the above Application for Certification renewal, under penalties for perjury, this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stamp or Seal**  Printed Name

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

**PAYMENT INFORMATION**

\_\_\_\_Enclosed find a check for the recertification fee of $500.00 made payable to:

**The National College for DUI Defense, Inc.**

Charge $500.00 to my:

Visa #: Exp. Date CVC \_\_\_\_\_

MasterCard #: Exp. Date CVC \_\_\_\_\_

Amer. Express #: Exp. Date CVC \_\_\_\_\_

Signature (for credit cards only)

Billing Address for Credit Card: