| For | State | Bar | of N | Nevada | Use | Only: |
|-----|-------|-----|------|--------|-----|-------|
|     | 1     |     |      | /      |     |       |



## Certificate Request Form Please use a separate request form for each member. Bar dues and disclosure forms must be completed for request to be processed

| Member Information   |  |                                     |                  |  |  |
|--|--|-------------------------------------|------------------|--|--|
| Full Name:   |  | Member Bar Number:                  |                  |  |  |
| Requestor(s) Information   |  |                                     |                  |  |  |
| Contact Name:  |  |                                     |                  |  |  |
| Phone: ( ) —   | E-mail:                                    |                                     |                  |  |  |
| Send To this address:<br>Firm/Company Name:  |  |                                     |                  |  |  |
| Address:   |  |                                     |                  |  |  |
| City:  | State:                                     | Zip:                                | +                |  |  |
| Order Information  Make check payable to the State Bar of No.  | evada                                      |                                     |                  |  |  |
| Please be aware that both types of certificates are is mailed to the requestor from the Supreme Cour Please go to the State Bar of Nevada's website: v | t. (Allow 5-7 days for delivery for this c | ertificate). Disciplinary letters o |                  |  |  |
| There is a fee of \$25 for each certificate  Certificate of Good Standing from the   | ·  | -                                   | service Quantity |  |  |
| ☐ Certificate of Good Standing from the  | •  |                                     |                  |  |  |
| ☐ Certificate of Good Standing from the  |  | _                                   | <u></u>          |  |  |
| ☐ Certificate of Good Standing from the  | •  |                                     | -36 hours:       |  |  |
| ŭ  | oupreme dourt \$55 wrexpedit               | ed processing, allow 24-            |                  |  |  |
| Shipment Information   |  |                                     |                  |  |  |
| MAIL (complete "send to" information above   |  |                                     |                  |  |  |
| WILL PICK UP (provide contact phone number above)  |  |                                     |                  |  |  |
| □ Ship via FEDEX. Please indicate  | type of Fed-Ex service you des             | sire                                |                  |  |  |
| Standard Overnight \$15.00   | 2-Day \$11.00                              | Express                             | Saver \$7.00     |  |  |
| OR   |  |                                     |                  |  |  |
| Please charge shipping to my FedEx Acco  | ount (indicate shinning method             | helow)                              |                  |  |  |
| FedEx Account #  | dirit (indicate shipping method            |                                     |                  |  |  |
| Chinaina Mathada   |  |                                     |                  |  |  |
| Shipping Method: Standard Overnight  | 2-Day                                      | Express                             | Saver            |  |  |
| Standard Overnight   | 2-Day                                      | Lapiess                             | Savel            |  |  |

| Mail Completed Request Form w/Payment To: | <b>Direct Questions To:</b> |
|---|-----------------------------|
| State Bar of Nevada-Member Services       | Member Services             |
| 3100 W. Charleston Blvd.; Suite 100       | 702/317-1430                |
| Las Vegas, NV 89102                       | lauries@nvbar.org           |