**Application to Re-Test**

**for DUI Defense Law**

**Board Certification**

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

**(As revised April 6, 2021)**

**Application to Re-Test for DUI Defense Law Board Certification**

**Date of Application:**

**SECTION A:**

1. Name:

Preferred Nickname:

2. Bar Number: State:

3. Firm:

4. Business Address:

5. City:

6. State: Zip:

7. Telephone: Work ( ) Home ( )

Cell ( ) Other ( )

8. Facsimile: ( )

9. E-mail: Website:

10. In what year were you first admitted to the bar?

11. What is your state of principal practice?

12. Does your state have a criminal certification program?

13. If so, are you certified by your state?

14. List other states in which you are licensed to practice.

15. Have you ever been professionally disciplined?

(If you answer yes to number 15, attach findings and an explanation).

16. What percentage of your practice is devoted to DUI defense? %

17. Will you be requesting any special considerations including, but not limited to, additional

time to take the examination due to a disability recognized under law?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If you answered yes, please:

a. Detail the special considerations you are requesting;

b. Attach medical documents, psychological documents, or other proof that you are entitled

to the same; and

c. Identify by name, address, and phone number other institutions or organizations which

have previously granted you such considerations.

**Section B:**

1. I have taken the certification examination on the previous occasions:

Month Year Location

a)

b)

c)

2. I understand that I will have to pay an examination fee of $750.00 to re-take the examination. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial here)

3. I further understand I must submit another (current) a) Sworn Application Agreement; and b) Affidavit of Conduct with this application in order to be eligible to take this exam. \_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial here)

**Disclosure of Identity to Other Applicants**

By checking the appropriate box below and signing this Application, I am indicating my permission or lack thereof to allow my identity as an applicant to be disclosed to the other applicants prior to the actual taking of the test. I understand that another applicant may contact me for the purposes of exchanging ideas and/or forming a study group. I understand that no contact information other than my name will be provided to any other applicant without my express permission.

**□** I agree to allow my identity as an applicant to be disclosed to other applicants taking the upcoming certification test.

**□** I **do not** agree to allow my identity as an applicant to be disclosed to other applicants taking the upcoming certification test.

## AFFIRMATION OF CONTENTS

I have personally reviewed the information contained herein and hereby swear, affirm, and declare under penalty of perjury that all of the information on my original application, as well as this Application for Re-Testing for DUI Defense Law Board Certification is complete, true, accurate, and correct.

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

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 Agreement, 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 $750.00 for the examination fee made payable to:

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

Charge $750.00 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: