APPLICATION FOR WAIVER OF EDUCATION REQUIREMENTS FOR LICENSURE AS A LIMITED LICENSE LEGAL TECHNICIAN (LLLT)

NOTE: *Type information using the fillable PDF form, except where signatures and notary required. Then, print and submit a complete, original copy to the WSBA. No handwritten applications will be accepted.*

GENERAL INFORMATION

First _____ Middle _____ Last Name _____

Birth Date (Mo/Day/Yr) _____ Social Security No. (if you have one) _____

Place of Birth (City, State, Country) _____

Telephone numbers and an email address at which you can be reached:

Home _____ Office _____

Email _____

Mailing address at which you can be contacted about this application:

Check if address is ☐ Residence ☐ Business

If business, name of firm _____

Address/P.O. Box _____

City _____ State _____ Zip _____

Country _____ Province _____

PAYMENT INFORMATION

For Credit Card Payment (check whichever applies) ☐ Master Card ☐ Visa ☐ Amex

Credit Card No. _____ Exp. Date _____

Name (as it appears on the card) _____

Billing Address (if different from above) _____

_____

I authorize the WSBA to charge the above noted credit card **$150.**

Signature: x._____

For office use only – LLLT Waiver Fees – 44560 – LLLT Date _____ Amount $_____ Check No. _____	App. No. _____

FAMILY LAW COURSES

Do you intend to enroll in the family law practice area courses? ☐ Yes ☐ No

PARALEGAL CERTIFICATION

1. Have you passed the National Association of Legal Assistants (NALA) Certified Paralegal (CP) Exam, the National Federation of Paralegal Associations (NFPA) Paralegal Advanced Competency Exam (PACE), or the NALS Professional Paralegal (PP) Exam?

   ☐ Yes ☐ No

   If yes, please provide the following information about your certification and documentary proof as required in the waiver application instructions:

■ Name of certifying examination NALS Professional Paralegal (PP) Exam

Date of passage (Mo/Day/Yr) _____

Expiration date of certification (Mo/Day/Yr) _____

2. Have you maintained active certification as a NALA Certified Paralegal, PACE Registered Paralegal, or NALS Professional Paralegal?

   ☐ Yes ☐ No

   If yes, please provide the following information and documentary proof as required in the waiver application instructions:

■ Last date of issuance of certification (Mo/Day/Yr) _____

Expiration date of certification (Mo/Day/Yr) _____

10 YEARS OF SUBSTANTIVE LAW-RELATED EXPERIENCE

3. List at least 10 years of substantive law –related work experience supervised by a licensed lawyer within the 15 years preceding this application for waiver:

Applicable definitions:

- Pursuant to APR 28B(7), "substantive law-related experience" is defined as work that requires knowledge of legal concepts and is customarily, but not necessarily, performed by a lawyer.
- Pursuant to APR 28B(8), "supervised" means a lawyer personally directs, approves, and has responsibility for the work performed by the applicant.

Follow these instructions:

- Only list employment information that meets the definition of substantive law-related experience supervised by a lawyer as defined in APR 28.
- Only report experience acquired within the 15 years preceding the application.
- Supervising lawyers must have been licensed lawyers during the time period of supervision.
- Employment encompasses all part-time and full-time employment, including externships, internships (paid and unpaid), military service, and volunteer work.
- If needed, applicants should complete the **Additional Substantive Law-Related Work History Form** to provide a complete work history.
- As proof of employment for each position, the applicant shall provide a **Declaration of Supervising Lawyer** signed by the supervising lawyer under penalty of perjury. In the event the supervising lawyer is deceased or incapacitated, contact the WSBA for further instructions regarding how to provide proof of employment.

CURRENT EMPLOYMENT ☐ Currently Unemployed Since Mo/Year

- From Mo/Year _____ To PRESENT

Employment Position _____

Employer or Firm _____

Employer Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone _____ Employer Email _____

- **Please provide the following information related to the supervising lawyer:**

Supervising Lawyer Name (First, Middle, Last) _____

Jurisdiction(s) Where Admitted _____

Bar Number(s) _____

Supervising Lawyer Telephone Number _____

Supervising Lawyer Email _____

ADDITIONAL WORK HISTORY

- From Mo/Year _____ To Mo/Year _____

Employment Position _____

Employer or Firm _____

Employer Mailing Address _____

City _____ State _____ Zip _____

Country _____ Province _____

Employer Telephone _____ Employer Email _____

- **Please provide the following information related to the supervising lawyer:**

Supervising Lawyer Name (First, Middle, Last) _____

Jurisdiction(s) Where Admitted _____

Bar Number(s) _____

Supervising Lawyer Telephone Number _____

Supervising Lawyer Email _____

WAIVER AUTHORIZATION, RELEASE AND AFFIDAVIT OF APPLICANT

I (First, Middle, Last Name), _____,

born at (City)_____, (State)_____,

(Country) _____, on (Date of Birth)_____

having filed an application for waiver of education requirements for licensure as Limited License Legal Technician in Washington State, hereby agree to provide additional information which may be required concerning my past record. I understand that the contents of my waiver application and any supplemental documentation are treated confidentially by the WSBA and the Washington State Limited License Legal Technician Board.

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to WSBA any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize WSBA or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I hereby release, discharge and exonerate the Washington State Limited License Legal Technician Board, its agents and representatives, the Washington State Bar Association, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by the Washington State Bar Association.

I have read the foregoing document and application and have answered all questions fully and frankly. The answers and statements are complete and are true of my own knowledge.

_____ _____

Signature of Applicant Date

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Subscribed and sworn to or affirmed before me this _____ day

of _____, _____

Month Year

_____

Signature of Notary Public

My commission expires _____

Seal or stamp must be affixed to each original.