



WSBA

REQUEST FOR APPLICATION TO ACTIVE STATUS FROM SUSPENDED STATUS

Date: _____

Name: _____ **Bar No.** _____

I hereby request that a **To Active Status Change Application Packet**, which includes my specific and individual reinstatement requirements, be sent to me via:

US Postal Service Email

Mailing Address: _____

City, State Zip: _____

Telephone: (_____) _____

Email: _____

Do you live or maintain an office in the state of Washington? Yes No

No investigation fee is due with this form for members suspended from membership seeking a change to Active status.

Specific requirements, including license fees, will be provided to you in the application materials.