

**DISCIPLINE HISTORY CERTIFICATE REQUEST FORM**

- The turnaround time is up to two weeks. Add \$7.50 for expedited service within one week.
- Complete this form and send it as an attachment to [caa@wsba.org](mailto:caa@wsba.org) or print and mail to:

**OFFICE OF DISCIPLINARY COUNSEL**  
**WASHINGTON STATE BAR ASSOCIATION**  
 1325 4<sup>th</sup> Avenue, Suite 600 / Seattle, WA 98101-2539

**MEMBER INFORMATION**

Name \_\_\_\_\_ License Number \_\_\_\_\_  
 Street Address or POB \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

**ORDER INFORMATION**

| Item                            | Price    | Total (sales tax included) |
|---------------------------------|----------|----------------------------|
| Discipline History Certificate  | \$ 30.00 | \$ 30.00                   |
| Additional Original Certificate | \$ 1.00  | \$                         |
| Expedited Service               | \$ 7.50  | \$                         |
|                                 |          | \$                         |

- Check** enclosed payable to WSBA.
- Credit Card.** Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions. We accept MasterCard, Visa, and American Express. If paying by credit card, when we receive this form, we will call you to request the credit card information. **To protect your privacy, we cannot accept credit card information by email.**

**DELIVERY ADDRESS FOR THE CERTIFICATE(S)**

- Delivery Method(s)  Mail  Email\*
- To the address provided in Member Information above.
- To the address provided below. If we send by email to the address below, we will cc the Member email address.
- \*Note:** Email from the Office of Disciplinary Counsel will not be encrypted and may be read by anyone with access to the email account. Also, email travels through servers belonging to third parties and may be read by others before reaching a final destination.

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address or POB \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I am the member identified above and I authorize this request.**

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

WSBA office use only: \_\_\_\_\_ Received by ODC  Initials \_\_\_\_\_  
 Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_  
 Name \_\_\_\_\_ Card # \_\_\_\_\_ Exp. \_\_\_\_\_

