

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle (if Applicable)

Please confirm your primary public mailing address and contact information:

Company/Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is this address a physical street address and in Washington State? ☐ Yes ☐ No

If no, you must complete and return the attached **Appointment of Agent of Service form**.

Please confirm your home address if different from above:

Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Note: Your home address will be public if it is the only mailing address on file with the WSBA.

**LICENSE FEE FOR CURRENT YEAR**

**Annual License Fee** **\$175**

Less Optional "Keller" Deduction\*\* ( )

**Total** **\$**

\*\*Optional Keller deduction: You may elect to reduce your license fee payment by the pro-rated amount (\$1.59) used for political activities not related to regulation the practice of law or improving quality of legal services. For information on the Keller deduction view [www.wsba.org/licensing](http://www.wsba.org/licensing), email [questions@wsba.org](mailto:questions@wsba.org), or call 800-945-WSBA.

**Check (Payable to Washington State Bar Association) For \$175**

OR

**For Credit Card Payment (Check type of card)** ☐ MasterCard ☐ Visa ☐ AmEx

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name (as it appears on the card) \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Please note: Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions. There is no transaction fee if you mail in a check.

Signature: x. \_\_\_\_\_

For Office Use Only

(AR) Date	Check #	Amount \$
(AP) Refund Reason	Amount \$	Requested/Date Approved/Date



## **LICENSE REQUIREMENTS – COMPLETE AND SIGN BELOW**

Licensing requirements must be completed within 40 months of the examination date. If an applicant fails to satisfy all the requirements for licensing within this period, the applicant shall not be eligible for licensing without submitting a new application and retaking the exams.

### **Experience**

On the **Declaration of Supervising Lawyer** form provided, furnish proof of completion of 3000 hours of substantive law-related work experience supervised by a licensed lawyer. Copy the form for multiple lawyers.

### **Financial Responsibility**

Furnish proof of financial responsibility. Please verify financial responsibility by submitting documentation of coverage under one of the following ways (Check one). Attach relevant documents, such as a certificate of coverage.

- ☐ An individual professional liability insurance policy for at least \$100,000 per claim and a \$300,000 annual aggregate limit.  
Company \_\_\_\_\_ Policy # \_\_\_\_\_
- ☐ A policy of the LLLT's employer or employer's company which has agreed to provide coverage for at least \$100,000 per claim and a \$300,000 annual aggregate limit.  
Company \_\_\_\_\_ Policy # \_\_\_\_\_
- ☐ Proof of indemnification by the LLLT's government employer.

### **Trust Account Declaration**

See LLLT RPC 1.15 A and B, LLLT RPC 1.5, and Lawyer RPC 1.15 A and B.

\_\_\_\_\_ **Initials** I or my firm will establish either an IOLTA account or other client trust account(s) for the deposit of client funds received in connection with legal services undertaken using my Washington license. I or my firm will establish the account(s) before I begin practicing as an LLLT.

\_\_\_\_\_ **Initials** I or my firm will charge and collect only flat fees for specified legal services in connection with legal services undertaken using my Washington license. Thus, in compliance with the provisions of LLLT RPC 1.5, I am not required to establish an IOLTA account or other client trust account(s) because client funds received will be earned upon receipt.

### **Oath**

Please arrange to take the oath only after you have met the above requirements. The **Oath of Limited License Legal Technician** shall be taken before an elected or appointed judge, excluding judges *pro tempore*, sitting in open court in the State of Washington. The **Oath form** is enclosed. Do not sign until you are in the presence of the judge administering the oath.

### **Demographics**

Please complete the confidential **Voluntary Demographics Reporting** form and submit with your licensing materials.

### **Certification**

I certify under penalty of perjury under the state of Washington that the foregoing and attached information is true and correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Place Signed (city, state)**



## OATH OF LIMITED LICENSE LEGAL TECHNICIAN

STATE OF WASHINGTON

County of \_\_\_\_\_

I, \_\_\_\_\_, do solemnly declare:

1. I am fully subject to the laws of the State of Washington, the laws of the United States, Rule 28 of the Admission and Practice Rules, and APR 28 Regulations adopted by the Washington State Supreme Court and will abide by the same;
2. I will support the constitutions of the State of Washington and of the United States of America;
3. I will abide by the Limited License Legal Technician Rules of Professional Conduct approved by the Supreme Court of the State of Washington;
4. I will confine my activities as a Limited License Legal Technician to those activities allowed by law, rule and regulation and will only utilize documents approved pursuant to APR 28;
5. I will faithfully disclose the limitations of my services and that I am not a lawyer;
6. I will maintain the confidence and preserve inviolate the secrets of my client and will accept no compensation in connection with the business of my client unless this compensation is from or with the knowledge and approval of the client or with the approval of the court;
7. I will abstain from all offensive personalities and advance no fact prejudicial to the honor or reputation of a party or witness unless required by the justice of the cause with which I am charged;
8. I will never reject, from any consideration personal to myself, the cause of the defenseless or oppressed, or delay unjustly the cause of any person.

\_\_\_\_\_  
Signature of Limited License Legal Technician

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE

Judge's name printed: \_\_\_\_\_