



# APPLICATION KIT REQUEST

Rule 4.10 of the Rules for Admission of Attorneys of the Supreme Court of the State of Oregon directs that there be a \$25.00 non-refundable fee for obtaining an application kit, with the \$25.00 to be applied against an applicant's application fee.

Application kits are, therefore, available to persons seeking admission to the Bar of the State of Oregon upon request. A non-refundable charge of \$25.00 (Twenty-five Dollars) is made for each kit and must accompany the request. If a completed application for admission to the Bar is thereafter submitted, the kit charge will be credited against the application fee required by the Supreme Court's Rules. Kits are not transferable. Current application kits must be used.

If you desire an application kit, complete this form in the space provided below and send it to the office of the Board of Bar Examiners, 16037 SW Upper Boones Ferry Road, P.O. Box 231935, Tigard, Oregon 97281-1935, with the \$25.00 kit charge. ***Please make checks payable to the Oregon State Bar.***

### THIS APPLICATION KIT REQUEST IS FOR:

- February Oregon Bar Examination \***  
(Not Available Until Mid August. *Do Not Order Until mid-August*)
- July Oregon Bar Examination \***  
(Not Available Until Mid January. *Do Not Order Until mid-January*)
- Rule 15.05 – Reciprocity (For qualifying jurisdictions – see RFA 15.05)**
- Rule 16.05 – House Counsel**
- Rule 17.05 – Retired Pro Bono**
- \* In addition - Please send Special Testing Conditions forms. (See Rule 5.10)**
- I have previously filed an application for admission to practice law in the State of Oregon.**

Name - Please Print: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### For further information, please contact:

**Oregon State Board of Bar Examiners**  
16037 SW Upper Boones Ferry Road  
P.O. Box 231935  
Tigard, OR 97281-1935  
Telephone: (503) 620-0222, Exts. 310, 311, 316 and 419

<b><i>For Office Use Only</i></b>			
Application Kit Number _____			
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Received in Person	<input type="checkbox"/> Mailed
RCT#		Date _____	