

New Jersey Judiciary Supreme Court of New Jersey Board of Bar Examiners Attorney Wall License Request Form

To ensure that your 12 ¾" x 17" wall license is prepared correctly, all information below must be provided.

Section 1: Request De	tails					
Request Date	Fee: Number of Licenses			Fee: To	Fee: Total Due	
			X \$40.00 =	\$		
Preferred Delivery (sele	ct one)					
☐ Pick Up ☐ U	JS Postal Service					
Attorney ID Number	Name (as it will appear on license)					
Date of Admission to the New Jersey Bar	Email			Daytime	Daytime Phone Number	
Section 2: Mailing Info Wall licenses may be m		• United S	tates or Canada.			
Addressee						
Mailing Address: Street						
City				State	Zip	
Section 3: Submission Instructions						
Return this completed for Jersey Board of Bar E accepted; and no cash receipt of your request to	Examiners. No sta h (by mail) . Delive	rter checl	ks or foreign che	cks/money	orders are	
Send via U.S. Postal Service to: New Jersey Board of Bar Examiners PO Box 973 Trenton, NJ 08625-0973		Send via Expedited Delivery (UPS, FedEx, etc.) to: New Jersey Board of Bar Examiners RJ Hughes Justice Complex 25 Market Street, 8th Floor, North Wing Trenton, NJ, 08625				