

**AFFIDAVIT OF NON-RECEIPT OF
ENBROSSED WALL LICENSE**

Name exactly as it should appear on license: _____

Attorney Identification Number: _____

Date of admission: _____ Birth Date: _____

The address to which it should be sent:

Address

City County State Zip Code

A phone number where we may contact you: _____

Date engrossed wall certificate was ordered: _____

AFFIDAVIT

I, _____, being duly sworn and according to law, hereby says

that my ordered engrossed wall certificate of admission was never received. I hereby

request that you send me a replacement certificate to my address as stated above.

The foregoing is true and correct to the best of my knowledge, information and belief.

Signed: _____

Date: _____

Sworn to and Subscribed:

Before me this _____ Day

Of _____

Notary Public or Attorney at Law

Send this form to:

New Jersey Board of Bar Examiners
P.O. Box 973
Trenton, NJ 08625-0973