

REQUEST FOR WALL LICENSE
(NOT to be used for newly admitted attorneys)

The cost of a wall license is \$40. Your certified check or money order, made payable to Secretary, Board of Bar Examiners, must accompany this request. All information should be completed to ensure that your license is correct.

ATTORNEY ID NUMBER: _____

Your Name: _____

Your Date of Admission to the New Jersey Bar: _____

Your Work Address: _____
Firm Name

Address

City County(NJ Only) State Zip Code

Phone Number: _____

Address License to be Sent:

Address

City State Zip Code

Signature: _____ Date: _____

Send to:

Secretary, Board of Bar Examiners
PO Box 973
Trenton, NJ 08625-0973
(regular mail)

Secretary, Board of Bar Examiners
Hughes Justice Complex, 8th Floor, North Wing
25 Market Street
Trenton, NJ 08625
(overnight deliveries)