



# LIMITED PRACTICE (SCR 49.1) APPLICATION ORDER FORM

Please submit the request form to the State Bar of Nevada at 3100 W. Charleston Blvd., Suite 100, Las Vegas, NV 89102, attention to the Assistant Director of Admissions or to deanf@nvbar.org.

A limited practice application packet will be e-mailed to you once this request has been received and a fingerprinting packet will be mailed to the address you provide below.

**PLEASE NOTE: You must provide all of the information requested. Thank you!**

|                 |   |
|-----------------|---|
| Date Requested: | Request for certification under subsection: <u>(1)(a c d e f g h i)</u><br>(circle letter that applies) |
|-----------------|---|

|               |             |               |
|---------------|-------------|---------------|
| Name (Legal): |             |               |
| <i>First</i>  | <i>Last</i> | <i>Middle</i> |

|                  |
|------------------|
| Mailing Address: |
|                  |
|                  |

|             |                |
|-------------|----------------|
| Home Phone: | E-mail:        |
| Work Phone: | Date of Birth: |

..... for office use only .....

|                     |                      |
|---------------------|----------------------|
| Tracking #: _____   | Shipping Cost: _____ |
| Date Sent: _____    | Fee: _____           |
| Processed By: _____ | Total Charge: _____  |