

MISSOURI BOARD OF LAW EXAMINERS

1700 JEFFERSON STREET

JEFFERSON CITY, MO 65109

PHONE 573-751-9814/FAX 573-751-5335

www.mble.org

REQUEST FOR COPY OF PREVIOUSLY FILED APPLICATION

To request a copy of an application(s) you submitted to the Board of Law Examiners, you must complete and submit this form to our office at the address listed above. **You must include a check in the amount of \$30 made payable to “Board of Law Examiners” with the completed form.**

If you applied more than once, please specify which applications you are requesting by listing the approximate date(s) of the application(s) below.

1. APPLICANT IDENTIFYING INFORMATION (Type or Print all fields)

Name:

SSN:

Mailing Address:

City:

State:

Zip/Postal Code:

E-mail Address:

Daytime Phone #:

Date of birth: (mm/dd/yyyy)

Approximate Date(s) of Application(s) You Are Requesting:

2. RECIPIENT INFORMATION (if different from above)

Name:

Mailing Address:

City:

State:

Zip/Postal Code:

Telephone:

Your signature (required) below authorizes the Board to release your application(s) to the person(s) named above and to send the document(s) by regular U.S. mail. If your signature is not included with this request, the copy will be mailed to you at the address you provided in section 1 above.

Signature and Date