# Application

**For DUI Defense Law**

**Five Year Board Recertification**

**National College for DUI Defense, Inc.**

### Please mail the completed application, along with your application fee to:

**SECTION A**:

**Certification Evaluation Committee National College for DUI Defense, Inc. 445 S Decatur Street**

**Montgomery, AL 36104**

1. Name:
2. Bar Number: State:
3. Firm:
4. Business Address:
5. City:
6. State: Zip:
7. Telephone: ( )
8. Facsimile: ( )
9. E-mail: Website:
10. In what year were you first admitted to the bar?
11. What is your jurisdiction of principal practice (to include States, Territories, the District of Columbia, Federal Courts, and Foreign Jurisdictions)?
12. Does your jurisdiction have a criminal certification program?
13. If it has, are you so certified by your jurisdiction?
14. List all jurisdictions in which you are licensed to practice.
15. Have you ever been disciplined or investigated for disciplinary allegations by any jurisdiction?
16. If you answer yes to number 15, attach findings and an explanation.

**SECTION B:**

1. In what year were you originally awarded NCDD Board Certification?
2. Has your Board Certification lapsed at any time?
3. I, the applicant, attest to the following statements, as acknowledged by my initials and notarized signature below:
	1. \_\_\_\_\_\_\_\_DUI defense comprises at least fifty percent (50%) of the total of my law practice; and
	2. \_\_\_\_\_\_\_\_During the preceding five (5) year period to this application for certification renewal, I have been lead counsel in at least 15 DUI trials to verdict or judgment, **or**
	3. In the alternative, one of the following:
4. \_\_\_\_\_\_\_\_Participation in forty (40) contested matters as defined in Rule 2.1.1(B), either directly handled to conclusion as lead counsel or in a supervisory capacity to lead counsel, **or**
5. \_\_\_\_\_\_\_\_Participation in a combination of DUI trials, participation in other contested DUI matters, and/or other substantial involvement in this specialty area of practice which exhibit such proficiency in the defense of DUI defendants so as to demonstrate the equivalent of the subsections above.\*

*\*Applicants seeking recertification pursuant to Section B(3)(c)(ii) above must provide a detailed explanation in support of their application. In the event that an applicant requests to be recertified pursuant to that subsection, no application will be accepted as meeting the requirements for board recertification without the express permission of the Board of Regents. Satisfaction of the requirements under that subsection shall be issued only by a two-thirds vote of the Board of Regents for good cause shown.*

1. I hereby acknowledge, by the submission of this application, my agreement to provide any and all information, and to give full cooperation to the Board of Regents of the NCDD or its designees as necessary for the investigation of my application for Board Certification Renewal.
2. Under penalties for perjury, I declare that I have examined this Application for Certification Renewal, and to the best of my knowledge and belief I hereby swear or affirm that all of the information contained therein is true, correct, and complete.

Signature of Applicant/Affiant

**SECTION C:**

**Please list at least five (5) attorney and/or judicial references who practice in the jurisdiction of your principal practice. *None of the references may be related to or engaged in the legal practice of law with you.***

1. Name:

Address:

Telephone Number: ( )

2. Name:

Address:

Telephone Number: ( )

3. Name:

Address:

Telephone Number: ( )

4. Name:

Address:

Telephone Number: ( )

5. Name:

Address:

Telephone Number: ( )

The undersigned, a Notary Public in and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ appeared in person, and before me SUBSCRIBED and SWORE to the above Application for Certification renewal, under penalties for perjury, this \_\_\_\_\_\_\_\_\_ day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stamp or Seal** Printed Name

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

### PAYMENT INFORMATION

\_\_\_\_Enclosed find a check for the recertification fee of $500.00 made payable to:

### The National College for DUI Defense, Inc.

Charge $500.00 to my:

 Visa #: Exp. Date CVC

 MasterCard #: Exp. Date CVC

 Amex #: Exp. Date CVC

Signature (for credit cards only)

Billing Address for Credit Card: