

# Application For DUI Defense Law Five Year Board Recertification National College for DUI Defense, Inc.

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

Certification Evaluation Committee  
National College for DUI Defense, Inc.  
445 S Decatur Street  
Montgomery, AL 36104

## SECTION A:

1. Name: \_\_\_\_\_
2. Bar Number: \_\_\_\_\_ State: \_\_\_\_\_
3. Firm: \_\_\_\_\_
4. 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 notarized signature below:

(a) DUI defense comprises at least fifty percent (50%) of the total of my law practice;

(b) Within the period of my board certification I have been lead counsel in at least 20 DUI trials to verdict or judgment, or I am submitting an attached request to waive this requirement\*;

(c) Within the period of my Board Certification I have been lead counsel in 40 contested matters involving the taking of evidence (*i.e.* hearings or motions), not included within the trials referred to above, or I am submitting an attached request to waive this requirement\*; and,

(d) During the preceding three (3) year period to this application for certification renewal, I have completed thirty-six (36) hours of continuing legal education in the field of DUI Defense Law.

4. 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.

5. 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

\* If applicant is unable to satisfy task requirements 3(b) and 3(c) above, an affidavit may be submitted with a notarized statement of explanation, stating alternative task performances completed during this period which applicant believes equally satisfy the requirements of 3(b) and/or 3(c) for certification renewal.

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that \_\_\_\_\_

APPLICANT NAME  
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 \$250.00 made payable to:

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

Charge \$250.00 to my:

\_\_\_\_ Visa #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_ MasterCard #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_ Amer. Express #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (for credit cards only) \_\_\_\_\_

Billing Address for Credit Card:

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

**THE NATIONAL COLLEGE FOR DUI DEFENSE, INC.  
AUTHORIZATION TO CONDUCT PERSONAL INVESTIGATION  
AND RELEASE FOR BOARD RECERTIFICATION**

I, \_\_\_\_\_, having filed an application for **Board Recertification** hereby authorize and give my consent to The National College for DUI Defense, Inc., including, but not limited to, its Committee on Certification, (hereinafter collectively referred to as the "National College"), to conduct an investigation as to my moral character and fitness and to make inquiries and request such information from third parties as, in the sole discretion of the National College is necessary to such investigation. I further authorize the use of any such information in the course of the National College's investigation and evaluation of my application for **Board Recertification**. I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including, but not limited to, criminal history and record information), or data pertaining to me, to reveal, furnish and release to the National College, or any of its agents or representatives, such opinions, knowledge, information, documents, records or other data.

Without limiting the previously described authority, I specifically authorize the release of files of any professional association regarding all undergraduate, graduate or professional school records relating to my admission to, and conduct during my enrollment in such schools. I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning me, which may be submitted to them by or on behalf of the National College.

I further waive absolutely any privileges I may have which are applicable to any documents or information sought from you pursuant to this authorization and release. Notwithstanding any statement herein to the contrary, this Authorization and Release shall not operate to release any medical or mental health records relating to alcohol, drug or chemical dependency. I hereby release, discharge and hold harmless the National College, its agents or representatives and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and the use of such opinions, knowledge, documents, records or other data. A photocopy of this authorization shall be accepted with the same validity as the original.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that

\_\_\_\_\_

APPLICANT NAME

appeared in person, and before me signed the above Authorization to Conduct Personal Investigation & Release, 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\_\_\_\_\_.

## National College for DUI Defense

445 S. Decatur Street  
Montgomery, Alabama 36104  
Telephone: (334) 264-1950  
Fax: (334) 264-1920  
[www.ncdd.com](http://www.ncdd.com)  
email: [rhea@ncdd.com](mailto:rhea@ncdd.com)

### RECERTIFICATION AFFIDAVIT OF CONDUCT

I, \_\_\_\_\_, being duly sworn, depose and state:  
PRINT NAME

Since the date of my application to the National College for DUI Defense (NCDD) for Board Certification, other than what I have previously disclosed, to my best personal knowledge, (please check all applicable boxes):

- No criminal charges have been filed against me;
- No allegations of unethical or inappropriate professional conduct have been filed against me with any court, grievance committee, or other disciplinary board or body;
- No claim of professional negligence or other professional liability has been asserted against me (with or without the filing of suit) based in any part on my acts or omissions, or on those of any other attorney over whom I have supervisory responsibility.

If you cannot check all of the above, please attach a detailed explanation of the matter. The National College for DUI Defense may request additional information bearing on the matter, and shall determine whether the circumstances are such that the attorney should be granted certification, denied certification, have his or her certification suspended or revoked, or whether the NCDD should either take no action, or defer action pending receipt of further information. This disclosure should include material that would not otherwise be disclosed to the public in your state, unless disclosure to the NCDD is prohibited by state law and cannot be waived.

**The failure to promptly disclose the requested information is a material misrepresentation, and may be cause for refusing to grant recertification, or for revoking current certification. Affiant understands, and attest by his or her certification below, that he or she has a Continuing Duty to disclose promptly to the Board any such matters listed above which may arise, and acknowledges that a person holding Board Certification by the NCDD has a Continuing Duty to report such information. Failure to promptly report may, by itself, be cause for revocation of certification.**

**Certification**

I hereby certify that I have personally reviewed the information contained in this Recertification Affidavit of Conduct, and that it is true according to my best knowledge and belief.

Signature of Affiant: \_\_\_\_\_

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, herewith certify that \_\_\_\_\_ appeared in person, and before me SUBSCRIBED and SWORE to the information contained in the above Affidavit, 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\_\_\_\_\_.