



## APPLICATION FOR LAW AND ETHICS RE-EXAMINATION

*For Office Use Only*

ATS# \_\_\_\_\_

*For Office Use Only*

*Received*

**No Fee Required**

(Please type or print neatly)

1. NAME

LAST

FIRST

MIDDLE

2. ADDRESS OF RECORD

STREET

CITY

STATE

ZIP CODE

3. TELEPHONE NUMBER

EVENING

DAY

4. Do you have a disability or condition that requires special accommodations?

If yes, email "db\_examination@dca.ca.gov" for a "REQUEST FOR ACCOMODATION" packet.

5. Preferred Examination

Northern  
California

Southern  
California

Month: \_\_\_\_\_

6. Date and Examination Site of the last examination applied for:

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant