

California Certified Legal Secretary

A Program of
Legal Secretaries, Incorporated



APPLICATION

Please complete and mail this form to the following address with your check to reserve your place at one of the examination venues:

**CCLS Certifying Board
P. O. Box 391626
Mountain View, CA 94039-1626**

- | | |
|--|---|
| <input type="checkbox"/> Northern California | <input type="checkbox"/> Saturday, October 21, 2006 |
| <input type="checkbox"/> Southern California | <input type="checkbox"/> Saturday, March 17, 2007 |

Deadline: Application must be received 60 days prior to examination date. A late application may be accepted up to 30 days prior to the examination if submitted with a \$25 late fee, in addition to the fees listed below, if space is available.

EXAMINATION FEES*

LSI MEMBERS**		Non-LSI MEMBERS	
Registration fee:	\$ 15.00	Registration fee:	\$ 55.00
Examination fee:	\$ <u>95.00</u>	Examination fee:	\$ <u>95.00</u>
Total	\$110.00	Total	\$150.00

Enclosed is a check in the sum of \$ _____ ***, payable to LSI.

* Fees subject to change without notice.

** LSI members: Name of local association: _____ LSA/LPA.

Please enclose a photocopy of your local membership card.

You must be a member upon application to be eligible for reduced fees.

*** Include \$25 late fee if applicable.

Name _____ Last 4 Digits of SSN _____

Mailing Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail(s): _____

Highest level of formal education completed: _____; Highest Degree: _____.

EMPLOYMENT RECORD: Please list legal secretarial employment, beginning with your most recent (or current) employment, to show a minimum of three full years of such employment. Attach a supplemental page if additional entries are necessary to show three full years of employment as a legal secretary.

Dates _____ Position _____
Employer _____
Address _____
City/State/Zip _____
Supervisor _____ Phone _____
Summary of Duties _____

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Employer _____
Address _____
City/State/Zip _____
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Summary of Duties _____

I certify that I have completed this application truthfully. I understand that a false statement may result in the revocation of my certification. I understand and agree that the contents of the examination are confidential and are not to be discussed. I understand that my employment record will be verified by a member of the California Certified Legal Secretary Certifying Board.

Signature of Applicant _____ Date _____