



REQUEST FOR CERTIFICATE OF GOOD STANDING

Certification and Licensing Division Arizona
 1501 W. Washington, Suite 104 Phoenix, AZ 85007
 Phone: 602-452-3378

FEES AND INFORMATION (Pursuant to Rule 74 AZ. Supreme Ct)

- There is a \$17.00 charge per certificate requested.
- Payment must be made in either Check or Money Order – we do not accept credit cards or cash.
- Payment should be mailed to the address listed above.
- A certificate will not be issued prior to receipt of payment.
- This form is for Arizona Bar licensed attorneys **only**.
- **A signature is required**; make sure to sign at the bottom of the page.
- **Processing is normally completed within 5 business days from date of receipt for processing.**
Allow additional processing time for certificates from the Highest Court.

First Name					
Middle Name					
Last Name					
Phone Number		AZ State Bar #			
Address					
City		State		ZIP	
Email					
Law Firm Affiliation If applicable					
Check One	<input type="checkbox"/> Mail to address listed above.				
	<input type="checkbox"/> Will pick up certificate. Please call this number when ready:				
	<input type="checkbox"/> Certificate will be mailed to a different address than listed above. (complete fields below)				
Mail to					
Address					
City		State		ZIP	
Do you require a certificate from the Highest Court? <input type="checkbox"/> NO , check or money order must be made payable to: Arizona Supreme Court <input type="checkbox"/> YES , check or money order must be made payable to: Clerk of the Supreme Court <small>There is no additional charge for a Highest Court certificate; allow additional time for processing.</small>					
Fee Per Certificate:	\$17.00	Additional:		Notes:	
# Requested:		<input type="checkbox"/> Disciplinary History needed (no additional charge)			
Total Due:	\$				
Total Enclosed:	\$				

Signature (required)

Office Mailroom Use Only:

Check # _____

Amount _____ Initials _____

Office Use Only:

Name: _____

Bar #: _____ Date: _____

Status: _____

History: _____

Processed by: _____ Date: _____

Approved by: _____ Date: _____