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**PRIOR BAR APPLICATION REQUEST FORM (RECORDS
AVAILABLE FOR 10 YEARS FROM EXAM DATE)**

To have your prior bar application mailed to you or another party, please fill in the information below and mail to Maine Board of Bar Examiners, PO Box 140, Augusta, ME 04332. Please include a check or money order for \$25.00 payable to Maine Board of Bar Examiners.

If you have any questions, please email execdir@mainebarexaminers.org.

Requestor's name and address:

Mail copy of prior application to:

Name when application was submitted: _____

Date bar exam application was submitted (mo/yr):

February

July

Year: _____

OR

Date reciprocal application was submitted: _____

Signature