Certification of Jurisdictional Reciprocity

[To be completed by the licensing authority or the highest court of the reciprocal jurisdiction] I do hereby certify that ______ [name of applicant], who was admitted to practice law in the State of ______ on _____, has been engaged in the active practice of law without interruption as a member of the bar of this jurisdiction from _____ until _____. I further certify this authority is responsible for bar admissions of this jurisdiction and that attorneys from the State of Alabama [___] are [___] are not admitted to practice on motion or reciprocity in this jurisdiction without requiring a written bar examination provided other requirements of this jurisdiction are met. Given under my hand this the _____ day of _____ 20____. Signature Typed Name Title or Position State of _____ County of _____ Sworn to and subscribed before me on this the _____ day of _____ 20___. Signature of Notary My Commission Expires: _____