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: ____________