

# Oklahoma Board of Bar Examiners

PO Box 53036, 1901 N Lincoln Blvd  
Oklahoma City, OK 73152-3036  
(405) 416-7075 In-state TOLL FREE (800) 522-8065

**A VALUE MUST BE ENTERED FOR ALL APPLICABLE FIELDS**

## CERTIFICATE OF PRACTICE

I, \_\_\_\_\_, Judge of \_\_\_\_\_  
Name of Court  
of the State of \_\_\_\_\_, do hereby certify I am well acquainted  
with \_\_\_\_\_, City of \_\_\_\_\_  
State of \_\_\_\_\_, and I personally know that this individual has been  
legally engaged in the active and continuous practice of law for a period of \_\_\_\_\_ years, immediately  
preceeding the date hereof and that at the present time is an attorney and counselor-at-law in good standing  
and a person of good moral character.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

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We, \_\_\_\_\_ and \_\_\_\_\_ do hereby  
certify that we are members of Bar of the Judicial District in which the City of  
\_\_\_\_\_ is situated, that we know \_\_\_\_\_ of  
said city, and we personally know that this individual has been legally engaged in the active and continuous  
practice of law for a period of \_\_\_\_\_ years, immediately preceding the date thereof and that at the present  
time is an attorney or counselor-at-law in good standing and a person of good moral character.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip