



# WASHINGTON STATE BAR ASSOCIATION

1325 4th Ave., Ste. 600, Seattle, WA 98101-2539 • 800-945-9722 / 206-443-9722 / questions@wsba.org

## 2019 LIMITED PRACTICE OFFICER LICENSE RENEWAL - DEADLINE: February 1, 2019

The WSBA administers the licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court. Failure to comply with licensing requirements may result in a Supreme Court order of suspension (Washington Supreme Court Admission and Practice Rule 17).

### 1. CONTACT INFORMATION

Status: ACTIVE

License #: XXXLPO

#### Public/Mailing Address:

Name  
Company  
Address  
City, State Zip  
Business/Public Phone: (xxx) xxx-xxxx Fax: (xxx) xxx-xxxx

#### Home Address:

Address  
City, State Zip

#### Home Phone:

#### Primary Email:

I do not want my email published in the online directory.

Check this box to sign up for **Paperless License Renewal for 2020**. You will receive an email reminder instead of a paper packet.

### INSTRUCTIONS: Complete steps 1 – 8 on this form or renew and pay online at [mywsba.org](http://mywsba.org)—it's easier and more efficient!

- **Deadline February 1, 2019:** File online at [mywsba.org](http://mywsba.org) or postmark or deliver this form. Late fee assessed February 2.
- **Contact Information:** As required by WA Supreme Court APR 13, update your phone number and email address on [mywsba.org](http://mywsba.org); update your mailing address by emailing [LPO@wsba.org](mailto:LPO@wsba.org). If your public address of record is not in WA or is not a physical street address, you must provide the name and address of a resident agent. APR 13(f). *Do not make changes on this form.*
- **Payment Options:** (1) Credit card (note that our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions), (2) Electronic Funds Transfer (online only – no transaction fee), or (3) Check (mail with this form or with an invoice that you can print if you renew online – no transaction fee).

Visit [wsba.org/licensing](http://wsba.org/licensing) or contact the WSBA Service Center with questions or to learn about the WSBA Payment Plan (payments may be made in up to five installments with balance required to be paid in full by February 1), and the One-time Hardship Exemption for qualifying Active LPOs (apply by February 1).

**QUESTIONS?** Unless otherwise indicated, contact the WSBA Service Center at [questions@wsba.org](mailto:questions@wsba.org) or call 206-443-9722 / 800-945-9722.

### 2. VOLUNTARY DEMOGRAPHIC INFORMATION

Please complete the enclosed form or update your information at [mywsba.org](http://mywsba.org). This information assists WSBA in understanding the demographic makeup of our licensed legal professionals.

### 3. STATUS CHANGE INFORMATION

Information/forms are available at [wsba.org/statuschanges](http://wsba.org/statuschanges) for status changes to: **Active, Inactive, Emeritus Pro Bono, and Voluntary Resignation**. For questions, contact [statuschanges@wsba.org](mailto:statuschanges@wsba.org) or call 206-239-2131.

- Request **Voluntary Resignation** as part of online license renewal or by filing Voluntary Resignation form, effective upon approval.
- Request **Inactive Status** as part of online license renewal, or on page 2 of this form. The change will be effective immediately. Review WSBA Bylaw Article III, Section D.1 regarding Transfer from Inactive to Active.

### 4. MCLE REPORTING STATUS

You are not due to report continuing education at this time.

**TURN OVER AND COMPLETE OTHER SIDE**

License #: XXXLPO

Name:

Order #:

**5. LICENSE FEE PAYMENT: MANDATORY FOR ALL LPOs**

<b>A.</b>	<b>2019 License Fee</b> <input type="checkbox"/> <i>Change my status to Inactive, effective <b>immediately</b>.</i> Strike license fee above and pay \$100. (Inactive <b>late</b> Fee is \$30.)	\$200.00
<b>B.</b>	<b>After February 1, 2019:</b> add 30% license late fee of \$60	\$
<b>C.</b>	<b>OPTIONAL: Keller Deduction</b> LPOs may elect to reduce their license fee payment by the pro rata amount used for political activities not related to regulating the practice of law or improving the quality of legal services. LPOs wanting to take this deduction may deduct up to \$.55 if paying \$200 or \$.28 if paying \$100.	( )
<b>D.</b>	<b>Total Amount of Mandatory Licensing Fees</b> (add lines A and B; subtract C if taking Keller Deduction)	\$
<b>E.</b>	<b>OPTIONAL charitable donation</b> to the Washington State Bar Foundation to help advance justice through support of WSBA's public service and diversity programs. Learn more at <a href="http://www.wsba.org/foundation">www.wsba.org/foundation</a> . <b>To opt out or donate a different amount to the Bar Foundation, strike the \$50 and enter a different amount.</b>	\$ 50.00
<b>F.</b>	<b>OPTIONAL charitable donation</b> to the Campaign for Equal Justice to support over 20 civil legal aid programs that serve our state's poorest families and individuals. Learn more at <a href="http://legalfoundation.org/the-campaign-for-equal-justice">legalfoundation.org/the-campaign-for-equal-justice</a> . <b>To opt out or donate a different amount to the Campaign for Equal Justice, strike the \$50 and enter a different amount.</b>	\$ 50.00
<b>G.</b>	<b>TOTAL</b> (add lines D, E and F).	\$

• The portion of the license fee not deductible from federal income tax because it is allocable to WSBA lobbying expenditure is \$3.81 (Public Law 03-066).

• Inactive and Emeritus Pro Bono LPOs only: *NWLAWYER* is available online. Check here for a free subscription to the paper copy.

**PAYMENT (Electronic Funds Transfer – EFT – is available online)**

**CHECK ENCLOSED** Send form and check, made payable to WSBA, in the enclosed envelope.

**CREDIT CARD Please note:** Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions. There is no transaction fee if you renew online and pay by (1) check or (2) Electronic Funds Transfer. Fill out information below, **sign at the bottom of this page**, and send in enclosed envelope.

AMEX  MC  VISA \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_\_ - \_\_\_\_\_

Name (as it appears on credit card):

Billing address (for credit card):

**6. FINANCIAL RESPONSIBILITY REQUIREMENT: MANDATORY FOR ALL ACTIVE LPOs (WA Supreme Court APR 12)**

I certify that I can show proof of ability to respond in damages resulting from my acts or omissions in the performance of services permitted under APR 12 in one of the following manners (**choose one**):

**A. Professional Liability Insurance**

Coverage by an Errors and Omissions insurance policy in the amount of at least \$100,000 either individually or through my employer. If it is a new policy or you have not previously submitted the policy, provide a copy of the insurance certificate.

Company \_\_\_\_\_ Policy # \_\_\_\_\_

**B. Net Worth of at Least \$200,000**

Personal net worth of at least \$200,000. *Submit an audited financial statement.*

**OR**

Net worth of employer or other surety who agrees to respond in damages for me, of at least \$200,000 per each LPO up to and including 5 and an additional \$100,000 per each LPO over 5. *Submit an audited financial statement or list web address if posted online.*

Employer \_\_\_\_\_ web address http:// \_\_\_\_\_

**C. Indemnity by Government Employer**

Covered by indemnification by a government employer.

**7. TRUST ACCOUNT CERTIFICATION: MANDATORY FOR ALL ACTIVE LPOs (WA Supreme Court APR 12)**

**Yes**  **No** I or my firm maintain(s) either an IOLTA account or other client trust account(s) for the deposit of client funds received in connection with legal services undertaken using my Washington license. **If yes, I certify that all funds and property of WA clients and all WA trust accounts and records are maintained in compliance with LPO RPC 1.12A and B, and that my or my firm's trust account information is as follows (attach separate page if necessary):**

Institution

Branch/City

IOLTA Account number

**8. CERTIFICATION:** I certify under penalty of perjury under the laws of the state of Washington that the foregoing information is true and correct. I also approve payment of all fees owed as of the date my payment is postmarked or received.

Signature

Date

Place signed (city, state)

**Thank you for your service to our profession and the justice system.**

For Office Use Only

(AR) Date	Check #	Amount \$		
(AP) Refund Reason	Amount \$	Requested/Date	Approved/Date	