

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 and under the WSBA Bylaws.

Name: \_\_\_\_\_ License No. \_\_\_\_\_

I request my license to practice law be changed to Emeritus status. My license status is currently:

☐ Active ☐ Inactive ☐ Judicial ☐ Pro Bono Effective Date: \_\_\_\_\_

By signing this application I acknowledge that **I have been on Active or Judicial status, or a combination of Active and Judicial status for 40 years.** I am aware that to change my license status back to Active I must submit an application that will be subject to full investigation as to both my character and my fitness to practice law, and that the Board of Governors may require that I take the Washington state bar examination and/or conduct a hearing in connection with my application to return to active status.

**I certify that I will not engage in the practice of law in Washington nor be employed in any capacity requiring an active license to practice law in Washington while on Emeritus status.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State where signed

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**If your contact information has changed, please provide us with your current information below.** Contact information may also be updated online by visiting **myWSBA** at the following address:  
<http://www.mywsba.org>.

Public/

Mailing Address: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Fax: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Primary Email: \_\_\_\_\_

☐ Do not list email address in online legal directory

Website Address: \_\_\_\_\_ TDD: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \* \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Home Email: \_\_\_\_\_

**\*Your home contact information will be made public if it is the only information on file with the WSBA.**

