

COURT AUTHORIZATION REQUEST FORM

Instructions:

1. Complete this form in its entirety.
2. Your contact information completed below must pertain to your official capacity with the courts. **No personal contact information will be accepted.**
3. Send a letter on official court or authorized agency stationary requesting an account.
4. Mail the completed form and letter to the Bureau's address on the letterhead.

Please type or print legibly in ink.

Court Representative Name			
(Last)	(First)		
Court Name			
Mailing Address		City	State
Zip Code		County	
E-mail Address		Telephone Number	
Fax Number		State Bar Number (if applicable)	
Certification:			
I, the undersigned, understand that the licensee reports provided to me upon request by the Bureau to the address above contains confidential licensee information and are being submitted to me pursuant to Section 6534 of the Business and Professions Code.			
_____ Court Representative Signature		_____ Date	