



MINNESOTA BOARD OF LAW EXAMINERS APPLICATION FOR ADMISSION

25 Rev. Dr. Martin Luther King Jr. Blvd. Suite 110
St. Paul, MN 55155

REQUEST FOR APPLICATION COPY

You may use this form to request a copy of the original application you filed (along with its initial attachments). In most situations, only applications submitted within the past 10 years will be available; however, in certain limited circumstances, we may have an application beyond 10 years. If you believe we may have your application beyond the 10 year retention period, please contact our office before submitting this form to confirm at (651) 297-1857 or ble@mbcle.state.mn.us.

Send completed form and payment to:

Minnesota Board of Law Examiners, 25 Rev. Dr. Martin Luther King Jr. Blvd., Suite 110, St. Paul, MN 55155

Date Form Completed:

mm/dd/yyyy

Name on Application:

First

Middle

Last

Email Address:

Phone:

☐ **Applied Under Rule 6**

Date of Bar Exam:

mm/dd/yyyy

☐ **Applied Under Rule 7, 8, 9, 10, or 11**

Date of Admission:

mm/dd/yyyy

FEES (Check the option that applies to you):

☐ **\$0**

Applicants who did not pass the most recent exam who are requesting a copy of the application submitted for the most recent exam do not need to pay a fee if the request is made prior to the late filing deadline for the next exam. For example, if you failed the July 2021 exam, you must request a copy of your July 2021 application prior to the late filing deadline for the February 2022 exam in order to not incur a fee.

☐ **\$15.00**

If you have had an active portal within the past 2 years, a copy of your application will be posted to your portal for your *most recent* application. You must still have access to the email address you used in connection to your application in order to access your portal and reset your password (if needed).

☐ **\$30.00** (per printed copy)

If you have not had an active portal within the past 2 years, or you need a copy of more than your most recent application, a printed copy will be mailed to you (or the jurisdiction you designate).

*Total number of copies being requested: _____

*Total fee included: _____

MAIL TO:

Signature:

Date:
