Reimbursement Application Texas Board of Legal Specialization Administrative Law Examination

Name:	-
Email Address:	
Date of Exam:	Date of Application:
I certify that I meet the follow	ving eligibility requirements:
	in good standing of the Administrative and ction) of the State Bar of Texas.
• I have been a member of the five years preceding	of the Section in good standing for four of the date of the exam.
• I am not a current member	ber of the Section's Council.
• This application is being results were released.	g submitted within 90 days after exam
• I have attached docume take the exam.	ntation showing the fees I paid to TBLS to
• I have attached docume	ntation showing that I passed the exam.
Signature:	
Printed Name:	

Please email the completed form and attachments to fhopkins@germer-austin.com.