

**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON**

In the Matter of the Application of

(full name of applicant)

**for Admission to the Bar of the United States
District Court for the District of Oregon**

**Request for Certificate of Good Standing
or Duplicate Admissions Certificate**

Name: _____
(Last Name) (First Name) (MI) (Suffix)

Phone Number: _____

E-mail Address: _____

Oregon Bar Number: _____

Type of Certificate Requested:

- Certificate of Good Standing
- Duplicate Certificate of Admission (By selecting this box the applicant certifies he or she is no longer in possession of the original certificate of admission.)

Please state the reason a duplicate certificate is required:

Delivery:

- By U.S. Mail
- Pick up at Clerk's Office Intake counter

DATED this _____ day of _____, _____

(Signature)