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Please submit the request form and payment to the State Bar of Nevada at
3100 W. Charleston Blvd., Suite 100, Las Vegas, NV 89102.
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*NOTE: It is the policy of the Board of Bar Examiners
to retain files only for those applicants who do not pass
for three years subsequent to each bar exam.

PLEASE NOTE: You must provide all of the information requested. Thank you!

Date Requested: _____

EXAM: Feb Jul YEAR: _____

Name (Legal): _____
First Last Middle

Mailing Address: _____

Home Phone: _____ Date of Birth: _____

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