

Minnesota State Bar Association  
**Certified ▲ Specialist**  
Criminal Law

**Recertification Verification with Notary: Specialist Certification 2017**

I, \_\_\_\_\_, being duly sworn, certify that I have carefully read the foregoing application and that all information contained therein is true. I fully understand that failure to make a truthful disclosure of any required fact or item of information may result in the denial of my application, or revocation of my Specialist Certification if granted.

Date: \_\_\_\_\_  
Signature of Applicant Lawyer

State of Minnesota, County of \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_  
(month/day/year)

\_\_\_\_\_  
(insert name of Applicant Lawyer)

(Stamp)

\_\_\_\_\_  
(signature of notarial officer)

Title (and Rank): \_\_\_\_\_

My commission expires: \_\_\_\_\_  
(month/day/year)