



# JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

## Guardianship Certification

### Application for Exam Registration

**Please Type or Print Legibly.**

\$175 fee being paid by check or money order payable to the Office of Court Administration.

**Submit application with payment and a copy of your photo identification to:**

P O Box 12066, Austin, TX 78711-2066 or 205 W. 14<sup>th</sup> St., Ste. 600, Austin, TX 78701

(All fields must be completed. Notifications to applicants will be sent via email.)

#### Applicant Information

<b>Full Name:</b> <i>(Last, Suffix, First, Middle)</i>	
<b>Name you would like on your certification:</b> <i>(Last, Suffix, First, Middle)</i>	

<b>Mailing Address:</b> <b>(Include city, state, and zip)</b>					
<b>Phone #:</b>		<b>Cell #:</b>		<b>Fax #:</b>	
<b>Email Address:</b>					
<b>Examination Date &amp; Time:</b>					

#### Business Contact Information

<b>Name/Employer:</b>					
<b>Business Address:</b>					
<b>Phone #:</b>		<b>Fax #:</b>		<b>Email Address:</b>	

#### Provisional Certification

<b>Do you currently have a provisional certification?</b> <i>(Check one. If 'yes', provide your provisional certification #):</i>	Yes <input type="checkbox"/> or No <input type="checkbox"/>   Certification #: _____
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#### Additional Exam Information

<b>Test History:</b>	<input type="checkbox"/> I have tested before	<input type="checkbox"/> I have not tested before.
<b>Date(s) Previously Tested:</b>		

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date