

Office of the General Counsel PO Box 92860, Albuquerque, NM 87199-2860 5121 Masthead St NE, Albuquerque, NM 87109

Office Use Only
ID#:
CAID#:
Registration:

REGISTRATION CERTIFICATE OF NON-ADMITTED LAWYER

T.	(Non-admitted Lawyer	•	nt to Rule 24-10)6 NMRA the following:		
I, (Non-admitted Lawyer), certify pursuant to Rule 24-106 NMRA the following:						
Attorney's Name:	Attorney Informa					
	eet: E-mail:					
Sirect.		L IIIdii				
Action/Suit/Proceeding or Matter Bold/Underlined Required						
Title of case/Client Name/Identifier:						
Local Counsel Name and Bar ID:						
Case # (if any): Court (if any):						
**Please note, in accordance with Rule 24-106(B) NMRA, all information associated with pro-hac vice filings is publicly available. 1. □ The following is a comprehensive list of every state or country in which I am admitted or licensed: 2. □ I am including certificates of good standing from every state or country in which I am admitted or licensed. 3. □ I have not been disciplined, suspended, or disbarred in any jurisdiction. 4. □ I have not had a pro hac vice admission revoked in any jurisdiction * If you have been disciplined, suspended, disbarred, or had a pro hac vice admission revoked in any jurisdiction, you must submit the details of the same with this application for review and recommendation by the Disciplinary Board. (see 24-106(C) NMRA) 5. □ I will comply with the applicable statues, laws and procedural rules of the State of New Mexico including rules noted in Rule 24-106(B)(5) NMRA. 6. □ I will submit to the jurisdiction of the New Mexico courts and the Disciplinary Board with respect to acts and omissions occurring during my admission under this rule. 7. □ I am submitting my registration certificate of this calendar year. Including corresponding fee of: □ \$450 1st □ \$275 2nd □ \$275 3rd □ \$275 4th □ \$275 5th 8. □ I am making a Rule 24-106 (D) NMRA fee waiver certification. (Explanation attached)						
			Attorney Sig	nature		
STATE of	,		Not	ary Stamp		
Attorney Name	<u></u>					
NOTARY PUBLIC						
Cro	edit Card			FOR OFFICE USE ONLY		
Credit Card #:	dit Card #: Exp. Date:					
Name on Card						
Email Address for receipt						