



**Notice of Intent to Apply
for 2014 Certification as a Workers' Compensation Specialist**

The Notice of Intent to Apply must be accompanied by a non-refundable \$50.00 fee. If the Applicant subsequently files an application, the \$50.00 will be credited to the application fee. Upon receipt of the Notice of Intent to Apply by the Staff Advisor, the Applicant will be sent an application package.

Send the Notice of Intent to Apply and \$50.00 fee no later than January 13, 2014, to:

Standing Committee on Workers' Compensation Certification
c/o Amanda Evans, Staff Advisor
Connecticut Bar Association
30 Bank Street
New Britain, Connecticut 06050

Name as you wish it to appear on your certificate:

_____ / _____ / _____
Last First Middle

If you did not enter your full name in #2 above or you have used any other name within the last ten (10) years, list below:

_____ / _____ / _____
Last First Middle

Correspondence (mailing) address:

- a. (street) _____
- b. (P.O. Box) _____
- c. (city) _____
- d. (state) _____
- e. (zip code) _____

Date of Birth _____ / _____ / _____
Month Day Year

(Signature)

Date: _____