

Request for Authorization – CCB Certificate Services

Minimum experience requirements are available on [LAO's website](#).

Lawyer information

Name:

Roster #:

LSO #:

Contact:

Address:

Unit #:

Town/City:

Province:

Postal code:

Phone:

Email:

Minimum related experience

I meet Legal Aid Ontario's minimum experience requirements, including any pre-requisites or training requirements.

I am requesting an exemption as set out in the minimum experience requirements.

Specify Exemption Requested:

Signature:

- I affirm that I have read, understood and agree to the minimum experience requirements and the Roster rules and schedules.
- I affirm that the information contained herein is complete, true and accurate.
- I understand the submitting false or misleading information will void my authorization and may result in the removal of my name from the Legal Aid Roster.

Signature:

Date:

Office use: Approval for CCB Certificate Authorization

Signature:

Date:

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Personal information contained on this form is collected under the authority of the Legal Aid Services Act, 2020 and will be used for the purpose of payment of accounts, investigations, and the administration of the Legal Aid Services Act.

Questions about this collection should be directed to the Privacy and Access to Information Officer at fippa@lao.on.ca or 1-800-668-8258.



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