

APPLICATION FOR IDENTIFICATION CARD CRIMINAL LAW SOLICITORS' ASSOCIATION / LONDON CRIMINAL COURTS' SOLICITORS' ASSOCIATION

(approved by the Law Society and the Legal Services Commission)

NB PLEASE SUBMIT TYPED APPLICATION OR CLEAR BLOCK CAPITALS IN BLACK PEN.

NOTE: If handwritten form is submitted, names must be absolutely clear or application will be rejected.

APPLICANT'S DETAILS	
FULL NAME OF APPLICANT:.....	
FIRM'S NAME:.....	
FIRM'S ADDRESS:	
.....	Tel :
DX NUMBER:	Fax :

Please tick appropriate box and give PIN number/s requested:

SOLICITOR APPLICATION	REPRESENTATIVE APPLICATION
1) DUTY SOLICITOR..... <input type="checkbox"/> O DUTY SOLICITOR CALL CENTRE PIN No: <u>MUST BE GIVEN</u> May be used by Duty Solicitors on 'Own' Solicitor cases	4) ACCREDITED REPRESENTATIVE <input type="checkbox"/> O
2) OWN SOLICITOR <input type="checkbox"/> O (Who is not a Duty Solicitor)	5) PROBATIONARY REPRESENTATIVE <input type="checkbox"/> O (valid for 1 yr)
3) TRAINEE SOLICITOR..... <input type="checkbox"/> O	Are you subject to LSC accreditation? YES: <input type="checkbox"/> O NO: <input type="checkbox"/> O If YES you must give your LSC Pin No:.....

PROFESSIONAL UNDERTAKING <small>(Delete words in [] if application for a card is by a duty/own solicitor)</small>								
I/[We the representative and authorising solicitor] hereby undertake that I/We will notify the relevant issuing authority (LCCSA/CLSA) at the address given overleaf if (a) the identification card issued is mislaid or lost at any time, [or (b) the authorised representative is no longer employed by the authorising solicitor or the authorising solicitor's firm] or (c) [there is a change in the practising address or there is any other material change in the information contained in this form, including giving up working as a duty solicitor and that such notification will be given within 14 days of the relevant event and that upon such notification the card holder will return the said card forthwith to the issuers. I/We further acknowledge that the card remains at all times the property of the issuers and will be returnable if at any time the issuers require the return of the said card.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">SOLICITOR APPLICATION</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Signed by proposed card holder:</td> </tr> <tr> <td style="padding: 5px;">Practising Cert. No. :</td> </tr> </tbody> </table>	SOLICITOR APPLICATION	Signed by proposed card holder:	Practising Cert. No. :	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">REPRESENTATIVE APPLICATION</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Signed by proposed card holder:</td> </tr> <tr> <td style="padding: 5px;">Signed by Authorising Solicitor:</td> </tr> <tr> <td style="padding: 5px;">Name of Authorising Solicitor: (Block Capitals)</td> </tr> </tbody> </table>	REPRESENTATIVE APPLICATION	Signed by proposed card holder:	Signed by Authorising Solicitor:	Name of Authorising Solicitor: (Block Capitals)
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APPLICANT MUST SIGN WITHIN BOXES: (for transfer onto ID card)

Reference Signature:

Transfer to ID card:

INSTRUCTIONS

Please send the following, to either **LCCSA** or **CLSA** depending upon your geographical location:-

1. APPLICATION FORM. Please take a few seconds to check this is properly completed:-

APPLICATION FORM CHECK LIST: -

(APPLICABLE TO SOLICITORS AND REPS.)

- a. NAME OF APPLICANT (Typed or printed very legibly please)
- b. SIGNATURE OF APPLICANT ON UNDERTAKING
- c. SIGNATURE OF APPLICANT IN BOX BOTTOM OF FORM
- d. Duty Solicitor PIN number **must be supplied if applying for Duty card**

ALSO, (REPRESENTATIVES ONLY)

- e. SIGNED UNDERTAKING BY AUTHORISING SOLICITOR
- f. LSC PIN NUMBER **must be supplied if appropriate**

2. CHEQUE ******(If not a member of LCCSA)

***GREATER LONDON** Payable to : **LCCSA**
Amount per applicant, **£30.00**

***ELSEWHERE:** Payable to : **CLSA**
Amount per applicant, **£30.00**

****If applicant is a member of the LCCSA or CLSA, the service is currently provided free.**

3. PHOTOGRAPHS

THREE passport sized **colour** photographs showing front of face of applicant in full.
THE REAR OF **ONE** PHOTOGRAPH MUST BE SIGNED BY APPLICANT.

LCCSA

*For all applications in Greater London
SANDRA DAWSON
Administrator, LCCSA
PO Box 6314
LONDON, N1 0DL
DX 122249 Upper Islington
Email sandra@admin4u.org.uk
Tel/Fax: 020 7837 0069

CLSA

*For all applications outside Greater London
Sue Johnson
Suite2, Level 6, New England House
New England Street
Brighton BN1 4GH
DX 2740 Brighton 1
Email: sue@clsa.co.uk
Tel: 01273 676725 Fax: 01273 676231

NOTES

The card will be despatched within 14 days of receipt of correctly completed application form.

All reference numbers will be checked with the LSC.

Telephone calls should **ONLY** be made in an emergency.

Cards will not be processed unless a properly completed and signed application form and photographs are received.

PLEASE READ THROUGH THOROUGHLY BEFORE DESPATCH TO ENSURE THAT ALL RELEVANT QUESTIONS AND TICK BOXES ARE COMPLETE.

Self Employed duty solicitor representatives should make an application in the normal way, but sending a covering letter asking for the firm on the card to be left blank. A sponsoring solicitor must sign the authority section.