



VERMONT SUPREME COURT
OFFICE OF ATTORNEY LICENSING
32 CHERRY STREET, SUITE 213
BURLINGTON, VT 05401
JUD.ATTYLICENSING@VERMONT.GOV

Request for Change of Licensing Status

Name of Attorney:

Attorney Number:

Current Licensing Status:

Licensing Status Requested:

Desired Date of Status Change:

A. For Attorneys Changing to Active Status

Choose one:

- ☐ I have been on inactive or administrative suspension status for less than three years; or
- ☐ I have been on inactive or administrative suspension status for three years or more and I have completed the full MCLE requirement laid out in Rule 3 of the Rules for Mandatory Continuing Legal Education within the two years immediately preceding the status change date I specified above.

Required:

- ☐ I certify that, within 24 hours of receiving my license card, I will comply with the email registration requirements of Administrative Order No. 44.

B. For Attorneys Changing to Inactive Status

Choose one:

- ☐ I have satisfied the applicable MCLE requirement laid out in Rule 3 of the Rules for Mandatory Continuing Legal Education for the current reporting period; or
- ☐ I have not satisfied the applicable MCLE requirement for the current reporting period. I understand that I will be placed on Special Waiver status and hence will be subject to the requirements of Rule 10(C) of the Rules for Mandatory Continuing Legal Education should I at any time seek to be reinstated to active status.

Signature: _____ Date: _____