



Office of the Clerk
Supreme Court of Arkansas
Arkansas Court of Appeals

REQUEST FOR A DUPLICATE PRINTED ARKANSAS ATTORNEY LICENSE

Please provide the following information for the preparation of your printed attorney license:

Date of Request _____

Name _____
(to appear on license)

Arkansas Bar Number _____

Mailing Address for license _____

Primary Phone Number _____

Email Address _____

Submit this completed form and a payment of \$25.00 payable to Lenard Cockman to:

Supreme Court Clerk's Office
Attention: Michelle Weise
625 Marshall Street
Little Rock, AR 72201

The replacement printed license will be mailed to the address indicated above within four weeks.