

# Application for a first Costs Lawyer Practising Certificate

<i>Please complete this form in full.</i>			
<b>PART 1: APPLICATION</b>			
<b>SECTION 1: ABOUT YOU</b>			
<i>Information in fields marked with * will appear on the public domain Register of Costs Lawyers. You may choose not to have your organisation address and/or telephone number published by ticking the relevant box below.</i>			
Surname*		Costs Lawyer number*	
Forename*		Date qualified	
Name for practising certificate (if different)			
Email address			
Home address			
Organisation*			
Organisation address*			
Organisation telephone number*			
Tick the box(es) if you wish information to be <b>omitted</b> from the public domain Register	Organisation address		
	Organisation telephone number		
<b>SECTION 2: DOCUMENTATION</b>			
<i>Please indicate which documents you have provided with your application.</i>			
	Enclosed is evidence of my / my organisation's professional indemnity insurance. <i>(Not required if you work exclusively for a firm regulated by the SRA or in-house.)</i>		
	Enclosed is evidence of my / my organisation's complaints handling procedure. <i>(Not required if you work exclusively for a firm regulated by the SRA or in-house.)</i>  <i>Note: Your procedure should comply with the CLSB Guidance Note on our website and is subject to audit.</i>		
<b>SECTION 3: INTENDED PRACTICE</b>			
Do you intend to work full-time or part-time as a Costs Lawyer?			

If part-time, please state the number of days per week	
Please state your intended practising arrangements as a Costs Lawyer (total 100%)	
Sole practitioner working independently under your own name or under a company name with no employees	%
Working for a firm or company regulated by the Solicitors Regulation Authority (SRA)	%
Working for an unregulated costs law firm or company	%
Working in-house (for example, in a bank, corporate or government department)	%
Other (please specify)	%

#### SECTION 4: DISCLOSURES

*Please note that a disclosure does not necessarily mean that a practising certificate will not be issued. The CLSB may undertake further checks and may request you obtain a certificate from the Disclosure and Barring Service (DBS).*

Have you ever: *(tick any that apply)*

<input type="checkbox"/>	Been declared bankrupt
<input type="checkbox"/>	Entered into an Individual Voluntary Arrangement or Partnership Voluntary Arrangement under the Insolvency Act 1986
<input type="checkbox"/>	Been a director of a company or a member of a limited liability partnership (LLP) which has been wound up or the subject of an administrative order, administrative receivership, or Voluntary Arrangement under the Insolvency Act 1986
<input type="checkbox"/>	Been disqualified from being a company director
<input type="checkbox"/>	Been committed to prison in civil or criminal proceedings or been convicted of an indictable offence (subject to the Rehabilitation of Offenders Act 1974)
<input type="checkbox"/>	Been charged with an indictable offence
<input type="checkbox"/>	Been identified as lacking capacity within the meaning of the Mental Health Capacity Act 2005
<input type="checkbox"/>	Been removed from the office of charity trustee by an order within the terms of the Charities Act 2011
<input type="checkbox"/>	Been the subject of a money judgment which had been outstanding for more than 28 days
<input type="checkbox"/>	Been made the subject of an order under section 43 of the Solicitors Act 1974
<input type="checkbox"/>	Been the subject of any disciplinary action by any professional body or regulator
<input type="checkbox"/>	Become aware of any other matter that might reasonably be expected to be disclosed as affecting your fitness to practice as a Costs Layer (please give details below)

#### PART 2. PAYMENT AND SUBMISSION INFORMATION

If you are applying in the middle of a practising year (January-December) a pro-rata fee is payable. Please contact [enquiries@clsb.info](mailto:enquiries@clsb.info) to clarify the fee due, and then enter it in the box below.

We are not able to issue invoices. Please use this form as a payment request if required.	
The fee should be paid by BACS to the Costs Lawyer Standards Board <b>using your CL number as the reference:</b> Account number: 28223660 Sort code: 30 95 74 Please email us if you cannot pay by BACS at <a href="mailto:enquiries@clsb.info">enquiries@clsb.info</a> .	
Fee due	£
Date paid by BACS	
<b>PART 4. DECLARATION</b>	
I confirm that the information provided in this application form is true and accurate to the best of my knowledge and belief.	
Signed	
Date	

**Please email your completed form to [enquiries@clsb.info](mailto:enquiries@clsb.info). We will process your application as soon as possible after receiving it and the payment.**

***How information about you will be used***

*We collect information about you that enables us to fulfil our statutory obligations under the Legal Services Act 2007. For that purpose, we may share that information with the Legal Services Board, approved regulators, and the professional body the Association of Costs Lawyers. We will use the email address you provide to keep you informed of regulatory matters, including the renewal of your practising certificate annually.*

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