

Notice of Intent to Offer the ALS Exam Basic Legal Training Course

Sponsoring Chapter: _____

Location: _____

City: _____ State: _____ Zip: _____

LTC Coordinator: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

ALS Exam Administrator: _____

Ship to/pick up (must be a street address) _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

Test site (location): _____

Test site address: _____

Test City: _____ Test State: _____ Test Zip: _____

Test period: 1st Sat. in March 1st Sat. in June Last Sat. in Sept. 1st Sat. in Dec.
Postmarked by: January 1 April 15 August 1 October 15

Number of applications enclosed: _____ Amount enclosed: \$ _____

This form should be completed and sent to the NALS Resource Center as soon as possible after the course begins, but no later than the application deadline. Note: All completed ALS exam applications and fees must be sent with this form.