

**District of Columbia  
License Application  
Certificate of Moral Character**

This certifies that we have been personally acquainted with \_\_\_\_\_ (name) of \_\_\_\_\_ for a period of not less than five (5) years; that s/he is not addicted to the intemperate use of alcohol or narcotic drugs; that we know him/her to be of good moral character and hereby recommend him/her as being worthy to be licensed to practice in the District of Columbia, pursuant to law.

1. \_\_\_\_\_

Signature Printed Name Date

\_\_\_\_\_

Address

2. \_\_\_\_\_

Signature Printed Name Date

\_\_\_\_\_

Address

3. \_\_\_\_\_

Signature Printed Name Date

\_\_\_\_\_

Address