Application for Access to e-Disclosure Service Out-of-Province Lawyer

First Name	Middle Name	Last Name			
Law Firm Name			Law Society	Law Society Bar Card ID #	
Address	Floor/Office	City	Province	Postal Code	
Email	<u> </u>	Verify Email	I		
To obtain access to this service, counsel additional phone number. Once register			in verification. You can p	provide one	
Primary phone number for verificatio		•			
Second phone number (optional)					

I hereby apply for credentials (user ID and password) to access the eDisclosure service. I acknowledge and agree that such credentials are confidential to me and my firm. I give an undertaking for me and on behalf of my firm to:

- 1. Maintain the confidentiality of the credentials (user ID and password).
- 2. Only use the said service for the purposes of obtaining disclosure.

I acknowledge that failure to abide by the above undertaking may result in a refusal of access to the service.

I agree to promptly email jsg-imt-supportdesk@gov.ab.ca of any potential confidentiality breach and/or change to the above details in the Identification of Defence Counsel Applicant section above.

Dated at	, this	_day of,	, 20
Signature:	_Verified by: _		

NOTARY PUBLIC ACKNOWLEDGMENT

Submission Instructions

- 1. Complete the required form.
- 2. Ensure the form is notarized before submission.
- 3. Submit the notarized form along with a copy of your Law Society identification card to any Crown office in Alberta for verification.

Crown Office Use Only

Once verification is complete, please initiate a request through BERNIE and ensure the following documents are attached:

- A copy of the completed application form.
- A copy of Alberta Law Society membership card.

October, 2025

Security Classification: Public