

AUTHORIZED HOUSE COUNSEL
Chapter 17, Rules Regulating The Florida Bar

APPLICATION FOR CERTIFICATION

Please Type or Print

1. **Name:** Please complete the information in Item 1 as you wish it to appear within and published from the official records of The Florida Bar.

Mr. Ms.

Last Name

First Name

MI

2. **Mailing Address:** You are required to designate and update a mailing address and a business telephone number that will appear within and be published from the official records of The Florida Bar. You will receive all printed Florida Bar communications at the address you indicate as your official address. If the indicated address is not the physical location or street address of your principal place of employment, then a physical address must also be given.

Official Mailing Address	Physical Address

Business Telephone Number ()

Business Fax Number ()

Business E-mail Address _____

Date of Birth _____

Last four digits of Social Security Number _____

3. **Nature of Application:**

Check one:

_____ Initial application
_____ Reapplication.

If this is a reapplication, please state reason(s) therefor under Rule 17 - 1.5 (c) (e.g. - left jurisdiction for more than 180 days).

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4. **Admissions to Practice Law:** Please list all jurisdictions in which you are or ever have been licensed to practice law. Include your bar or attorney number, or other personal identifier, from that licensing entity. If you are admitted under a name that is different from the name indicated in Item 1, please provide the name under which you are admitted. Use additional paper if necessary.

Please use correct postal abbreviations to list jurisdictions.

- a. Jurisdiction _____ Bar or Attorney Number _____
Current Status: Active _____ Inactive _____ Other _____
If Other please explain: _____
-

Last Name _____ First Name _____ MI _____

- b. Jurisdiction _____ Bar or Attorney Number _____
Current Status: Active _____ Inactive _____ Other _____
If Other please explain: _____
-

Last Name _____ First Name _____ MI _____

- c. Jurisdiction _____ Bar or Attorney Number _____
Current Status: Active _____ Inactive _____ Other _____
If Other please explain: _____
-

Last Name _____ First Name _____ MI _____

5. **Denials of Admission to Practice Law:** Have you ever been permanently denied admission to practice before the bar of any jurisdiction based upon your character or fitness?

Check one:

_____ Yes -- Please indicate the jurisdiction(s): _____

_____ No

6. **Business Employer:** Please indicate the name, address, and telephone number of the business organization by which you are or will be exclusively employed.

Name of Business Organization _____

Address _____

City, State, Zip _____

Area Code & Telephone Number () _____

Name of Person to Contact
to Verify Your Employment Status _____

Check one:

- I am currently employed by the business organization.
 I expect to begin employment with the business organization
on _____.

7. Certification:

State, Commonwealth, etc.

County, Borough, etc.

I, _____, the undersigned
(Print Name)

applicant for certification as Authorized House Counsel within the State of Florida, do hereby certify that I have read and am familiar with the Rules Regulating The Florida Bar as adopted by the Supreme Court of Florida and will abide by the provisions thereof.

I also agree to submit to the jurisdiction of the Supreme Court of Florida for disciplinary purposes, as set forth in Chapter 3 of the Rules Regulating The Florida Bar and Rule 17 - 1.2 (a)(5) of the Authorized House Counsel Rule therein.

I further certify that I am not subject to a disciplinary proceeding or outstanding order of reprimand, censure, or disbarment, permanent or temporary, for professional misconduct by the bar or courts of any jurisdiction.

I further authorize notification to or from the entity governing the practice of law within each jurisdiction in which I am licensed to practice law of any disciplinary action taken against me.

I hereby certify that I am or will be exclusively employed by the business organization specified in this application and that I reside in Florida or will be relocating to Florida within 6 months of application. I have read the foregoing application, and further attest that the information submitted in it is complete and true to the best of my knowledge and belief.

Signature of Applicant

The foregoing instrument was sworn to and subscribed before me this ____ day of

_____, _____ by

who is personally known to me or who has produced _____
as identification.

Signature of Notary

(Seal)

Name of Notary