

# 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

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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 principle 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: \_\_\_\_\_

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3. **Nature of Application:**

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).

Check One:  Initial application  Reapplication

Reapplication Reasons:

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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.

a. \_\_\_\_\_

Last Name _____	First Name _____	MI _____
US Jurisdiction _____	Bar or Attorney Number _____	
Foreign Jurisdiction: _____		
Current Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other		
If other please explain: _____		

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b. \_\_\_\_\_

Last Name _____	First Name _____	MI _____
US Jurisdiction _____	Bar or Attorney Number _____	
Foreign Jurisdiction: _____		
Current Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other		
If other please explain: _____		

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c. \_\_\_\_\_

Last Name _____	First Name _____	MI _____
US Jurisdiction _____	Bar or Attorney Number _____	
Foreign Jurisdiction: _____		
Current Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other		
If other please explain: _____		

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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 US or foreign jurisdiction(s): \_\_\_\_\_  
 No

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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: \_\_\_\_\_  
Check One:  I am currently employed by the business organization.  
 I expect to begin employment with the business organization on \_\_\_\_\_