

CERTIFICATION OF APPLICANT

State, Commonwealth, etc.

County, Borough, etc.

I, _____ the undersigned applicant
(Print Name)

for certification as Authorized House Counsel within the State of Florida, do hereby certify that I have read and am familiar with chapters 4 and 17 of 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 - 1.6 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 and I have not been permanently denied admission to practice before the bar of any jurisdiction based upon my character or fitness.

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 acknowledged before me by means of [] physical presence or [] online notarization this _____ day of _____, _____, by _____ (name of person acknowledging) who is personally known [] or produced identification [], _____ (type of identification produced).

Signature of Notary

Print, Type or Stamp Name