

Form AHC11

CERTIFICATE OF EMPLOYER ORGANIZATION

IN RE THE APPLICATION OF _____
FOR REGISTRATION AS AUTHORIZED HOUSE COUNSEL IN CONNECTICUT

Affiant's Name: _____

Affiant's address and telephone number:

Organization: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Email: _____

Position with organization _____

I, _____, on behalf of
_____ (hereinafter "organization")
certify that the organization is qualified as set forth in Practice Book § 2-15A(b)(2), that the organization is aware that the applicant is not licensed to practice law in Connecticut and that the applicant is employed or about to be employed in Connecticut by the organization as set forth in Practice Book § 2-15A(b)(1)(D).

I declare under penalty of false statement under the laws of the State of Connecticut that the information submitted is true and correct. The penalty for false statement is imprisonment not to exceed one year, a fine not to exceed \$2,000, or both.

Executed on this _____ day of _____, _____ at _____.

Day

Month

Year

City, State

Type your name in the box to sign electronically: _____
Affiant's Signature

By typing your name, you are signing this document electronically and demonstrating your intent to use this as your electronic signature.

*** NOTE:** Under no circumstances is this form to be signed by the applicant, regardless of whether they are an Officer, Director, or General Counsel of the organization.

This completed form may be provided to the applicant to be uploaded to their online account, or may be emailed by the organization to: Barexam@jud.ct.gov

Connecticut Bar Examining Committee
100 Washington Street, 1st Floor
Hartford, CT 06106