

# 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](mailto:Barexam@jud.ct.gov)

Connecticut Bar Examining Committee  
100 Washington Street, 1<sup>st</sup> Floor  
Hartford, CT 06106