

# Form AHC49



## NOTICE RE CHANGE OF EMPLOYER

I, \_\_\_\_\_, certify that:  
my employment with \_\_\_\_\_, the organization  
for which my registration was filed, has ended, effective \_\_\_\_\_ and that my  
employment with \_\_\_\_\_ commenced or will commence  
on \_\_\_\_\_.

I have read Practice Book § 2-15A (e)(1)(A) and understand that authorization to perform services as an AHC shall continue if my new employment commenced or will commence within 30 days after my previous employment ended. Furthermore, I understand that a new Form AHC11 completed by my new employer must be filed with the bar examining committee in addition to this form (Form AHC49).

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

Upload completed form to your online account, or email to [Barexam@jud.ct.gov](mailto:Barexam@jud.ct.gov), or send to:

**Connecticut Bar Examining Committee**  
**AHC Application Department**  
**100 Washington Street, 1<sup>st</sup> Floor**  
**Hartford, CT 06106-4411**