

**AUTHORIZED HOUSE COUNSEL**  
Rule IX, Rules Governing Admission to the Alabama State Bar

**APPLICATION FOR CERTIFICATION**

Please Type or Print

**1. Name:** Please complete the information in item 1.

Mr. or Ms.	Last Name	First Name	Middle Name

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**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 Alabama State Bar. You will receive all printed Alabama State 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 principal 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: \_\_\_\_\_



**5. Denials of Admission to Practice Law:** Have you ever been permanently denied admission to practice before the bar of any jurisdiction or court based upon your character or fitness?

Check one:

No  Yes – Please indicate the jurisdiction(s) and court(s):

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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 \_\_\_\_\_

Telephone Number (        ) \_\_\_\_\_ - \_\_\_\_\_

Name of person to contact to verify your employment status \_\_\_\_\_

Check one:

I am currently employed by the business organization

I expect to begin employment with the business organization on \_\_\_\_\_  
(date)

**Certification:**

\_\_\_\_\_  
State, Commonwealth, etc.

\_\_\_\_\_  
County, Borough, etc.

I, \_\_\_\_\_,  
(Print Name)

the undersigned applicant for certification as Authorized House Counsel within the State of Alabama, do hereby certify that I have read and am familiar with the **Alabama Rules of Professional Conduct** and the **Alabama Rules of Disciplinary Procedure** as adopted by the Supreme Court of Alabama and will abide by the provisions thereof.

I also agree to submit to the jurisdiction of the Supreme Court of Alabama and the Alabama State Bar Disciplinary Commission for disciplinary purposes, as set forth in the **Alabama Rules of Professional Conduct**, the **Alabama Rules of Disciplinary Procedures** and **Rule IX of the Rules Governing Admission of the Alabama State Bar**.

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 at the time of application.

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. I have read the forgoing application, and further attest that the information submitted in it is complete and true to the best of my knowledge and belief.

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Signature of Applicant

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

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Signature of Notary

(SEAL)

**CERTIFICATE OF DISCIPLINARY HISTORY**

\_\_\_\_\_  
State, Commonwealth, etc.

\_\_\_\_\_  
County, Borough, etc.

Re: \_\_\_\_\_  
Attorney Name

I HEREBY CERTIFY that I am duly appointed custodian of records of the entity that licenses or regulates attorneys in the above-referenced jurisdiction.

I FURTHER CERTIFY that the records of my office indicate that the above-referenced attorney is admitted to practice law in this jurisdiction.

I FURTHER CERTIFY that the records of my office indicate that the above-referenced attorney is in good standing and is not subject to a disciplinary proceeding or outstanding order of reprimand, censure or disbarment (permanent or temporary) for professional misconduct at the time of application for registration.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

(SEAL)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## CERTIFICATE OF BUSINESS ORGANIZATION

\_\_\_\_\_  
State, Commonwealth, etc.

\_\_\_\_\_  
County, Borough, etc.

I, \_\_\_\_\_, am employed as

\_\_\_\_\_  
Name of certifying business official

\_\_\_\_\_, of

\_\_\_\_\_  
Title of certifying business official

\_\_\_\_\_  
Name and address of business organization

I am authorized to certify the following in connection with an application for certification under the **Authorized House Counsel Rule, Rule IX of the rules Governing Admission to the Alabama State Bar.**

I FURTHER CERTIFY that the above-referenced business organization is a corporation, partnership, association, or other legal entity (taken together with its respective parents, subsidiaries, and affiliates) authorized to transact business in this state that is not itself engaged in the practice of law or the rendering of legal services outside such organization, whether for a fee or otherwise, and does not charge or collect a fee for any legal representation or advice other than to entities comprising such organization, and is not a governmental entity, governmental subdivision, political subdivision, school board, or any other entity that has the authority to levy a tax.

I FURTHER CERTIFY: that the above-referenced business organization is aware that

\_\_\_\_\_ is not licensed

(Name of applicant)

to practice law in Alabama but is seeking certification as an authorized house counsel under **Rule IX, Rules Governing Admission to the Alabama State Bar.**

I FURTHER CERTIFY \_\_\_\_\_ is/will be exclusively employed by the above referenced business organization and that this business organization is not relying upon the Alabama State Bar in any manner in employing this individual.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

(Seal of business organization)