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The State Bar of California
Office of Special Admissions/Specialization
180 Howard Street · San Francisco, CA 94105-1639
(415) 538-2325 · mjp@calbar.ca.gov

FOR OFFICIAL USE ONLY
9.46

**Out-of-State Attorney Registered In-House Counsel Program
Change of Employment Form
Page 1 of 2**

1) Applicant Information _____

Type or Print Clearly

Application #: _____

Last Name: _____ First Name: _____ Middle Name: _____ ID #: _____

Name of Previous Qualifying Institution: _____ Employment End Date: _____

2) New Qualifying Institution Information: _____

Date of Employment as an In-House Counsel: _____ Application #: _____

Employing Institution: _____

*Address: _____

City: _____ State: _____ Zip: _____ + _____

Phone: () - Fax: () - E-mail: _____

Employer Contact: _____

Phone: () - Fax: () - E-mail: _____

*** You must notify the State Bar of California within 30 days if there are any changes to your address or employment during the period of time you are serving as a Registered In-House Counsel.**

Date: _____ Signature: _____

3) Application Attachment: _____

Declaration of Qualifying Institution

MAIL TO:

**The State Bar of California
MJP Program
Office of Special Admissions/Specialization
180 Howard Street
San Francisco, CA 94105-1639**

AR	CGS	MCLE	FEES	Initials
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**Out-of-State Attorney Registered In-House Counsel Program
 Change of Employment Form
 Declaration of Qualifying Institution
 Page 2 of 2**

Eligibility Status:

Print Name: _____

I am a(n): Officer Director General Counsel

of Institution Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____ + _____

E-mail: _____ Phone: () - Fax: () -

Applicant Name: _____ is/will be employed as In-House Counsel for the institution referenced above.

The effective date of applicant's employment: _____

The institution referenced above is a Qualifying Institution which is defined by California Rules of Court, rule 9.46 as a corporation, a partnership, an association, or other legal entity and is not a government agency and DOES NOT provide legal services to others.

This institution employs at least 10 full-time employees in the State of California. (# of employees: _____)

OR

This institution employs the following California attorney who is an active member in good standing of the State Bar of California.

Name: _____ Bar Number: _____

I will notify the State Bar within 30 days if the eligibility status listed above changes or if the applicant's employment ceases.

To the best of my knowledge and after reasonable inquiry, I believe that the applicant is of good moral character and qualifies for registration under California Rules of Court, rule 9.46 and the Registered In-House Counsel Program Rules.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ Signature: _____