

I, _____, understand that each Department of Justice attorney must
(Name)

maintain an “active” membership in the bar of at least one State, territory or the District of Columbia. I hereby

certify that I am an “active” member of the bar in _____ and that
(State, territory or District of Columbia)

my bar membership number (if any) is _____. I further understand that failure on my part

to maintain an “active” bar membership at any time during my employment as an attorney at the Department

may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an

“active” member of the bar in the jurisdiction identified above, I am a member of the bar of each State or

territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check one)	
		Active	Inactive

Signature

Date