

I, _____, understand that each Department of Justice attorney must maintain an
(Name)
"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 _____
(State, territory or District of Columbia)

and that 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

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed
to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?

☐ Yes ☐ No

Signature

Date