



Bar No.: _____

Attorney Name: _____

Date: _____

Return completed form to:
State Bar of Nevada
Member Services
3100 W. Charleston Blvd.
Suite 100
Las Vegas, NV 89102



I am certified under SCR 49.10 Limited practice of attorneys employed in government or as in-house counsel. Please complete and sign the section below.

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As a condition of your annual certification renewal with the State Bar of Nevada, you are required to certify to the State Bar of Nevada that:

- (1) The attorney is still employed by the same employer that submitted the affidavit required under subsection 2(c) of this rule;
- (2) The attorney has complied with the continuing education requirements prescribed for active members of the State Bar of Nevada; and
- (3) The attorney is still in good standing before the courts before which the attorney has been admitted to practice.

I _____ do hereby certify that I am still employed by the same employer that submitted the affidavit under subsection 2(c) of SCR 49.10; I have complied with the continuing education requirements prescribed for active members of the State Bar of Nevada and; I am in good standing before the courts before which I have been admitted to practice.

Attorney Signature

Employer Name



I am certified under SCR 49.1, SCR 49.4, SCR 49.6, SCR 49.8, SCR 49.9, or SCR 49.11 Please complete and sign the section below.

As a condition of your annual certification renewal with the State Bar of Nevada, you are required to provide the following information.

- A statement signed by your employer that you remain employed
- A certificate of good standing from any jurisdiction in which you are licensed no older than 30 days.
- Certification stating you have complied with all continuing education requirements as prescribed for active members of the State Bar of Nevada.

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Employer Certification

I, _____, hereby certify _____
print employer name print certified member's name

remains employed by _____.
print company name

Employer Signature

Employer Title

Date

Attorney Certification

I, _____, hereby certify I am in compliance with all Continuing Education
print your name

requirements as prescribed for active members of the State Bar of Nevada.

Attorney Signature

Date Signed