Ι,	, understand that each Department of Justice attorney must			
	(Name)			
maintain an "active" m	embership in the bar of at least one State,	territory or the District of	of Columbia. I hereby	
certify that I am an "ac	tive" member of the bar in(State, ter	witam on Diatwist of Calv	and that	
	(State, ter	ritory or District of Colu	mbia)	
my bar membership number (if any) is		I further understand	I further understand that failure on my part	
to maintain an "active"	bar membership at any time during my e	mployment as an attorney	y at the Department	
may result in my pay b	eing withheld and subject me to possible	disciplinary action.		
In addition, for	purposes of my background investigation	n, 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		
		Sig	Signature	
		Date		