

TENNESSEE BOARD OF LAW EXAMINERS

APPLICATION FOR REINSTATEMENT OF REGISTRATION MJP/IN-HOUSE COUNSEL

The undersigned Applicant, having previously registered with the Tennessee Board of Law Examiners as MJP/In-House Counsel, respectfully requests reinstatement of such registration. In support of this Application for Reinstatement of Registration, Applicant states:

1. Full Name (as listed on Application) _____

Have you ever been known by any other name or surname? _____ YES _____ NO
If so, state all names and the places and dates thereof. (Use a separate sheet if necessary)

2. My original employer was _____ (name).

3. My employment terminated on _____ (date) because (reason):

4. My previous Board of Professional Responsibility (BPR) number was: _____

5. My EMAIL ADDRESS is: _____

6. I am employed as In-House Counsel by _____ (name) and my employment began _____ (date).

7. I maintain an active license and am in good standing in the following states (Please attach a Certificate of Good Standing for each jurisdiction):

8. I have attached an affidavit from an officer, director, or general counsel of my employer attesting to my employment, the capacity in which I am employed and stating that the employment conforms to the requirements of Tennessee Supreme Court Rule 7, Sections 10.01.

9. Please mark the appropriate box below: I have reviewed my original complete Application to the Bar of Tennessee including any amendments or supplements.

There have not been any changes to my Application.

There have been changes to my Application which require additional explanation for it to be complete and accurate. I certify that the following explanation is true and accurate: (Attach a brief description of changes, identifying what has changed including the NCBE or Tennessee Supplement question or form number when applicable; attach additional pages, as required.)

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge. I agree to promptly respond to any request from the Tennessee Board of Law Examiners, including a request for an executed Authorization and Release of Information form.

State of _____)

County of _____)

Signature of Applicant

Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary Public

My commission expires: _____

Please submit the Original with your payment of \$375.00 (one-half the current fee to register as MJP/In-House Counsel) to the Board of Law Examiners, 511 Union Street, Suite 525, Nashville, TN 37219.