



# Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

## New York State Supreme Court Appellate Division

**Application for Admission Questionnaire** - Please see the General Instructions for guidance on filing complete applications

**Application For** (check one)      Admission on Examination    or    Admission on Motion without Examination  
**Appellate Division** (check one)    1st Dept.    2nd Dept.    3rd Dept.    4th Dept.

**To the Appellate Division of the Supreme Court of the State of New York:** The undersigned hereby applies for admission to practice as an attorney and counselor-at-law in all courts of the State of New York, and in support of such application submits the following sworn statement and the accompanying affidavits and other papers.

### A. Personal Information

1. State name in full:

First Name

Middle Name

Last Name

Suffix (Jr., III)

2. Have you ever used or been known by any other name?    **No**    **Yes**

If 'Yes', state in full each name (other than the name given above) which you have used or by which you have at any time been known, and the reason for the change, including the period of the use of such name; if change of name is by marriage so state; if change of name was by court order so state.

Full Name

Reason for change

Full Name

Reason for change

3. United States Social Security number (if any): \_\_\_\_\_

4. BOLE ID# (NYS Board of Law Examiners Identification Number): **B** \_\_\_\_\_

5. State the following: Age: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Place of Birth (City/Town/Village)

State

Country

6. Present residence (full mailing address):

Street Address

City/Town/Village

State

ZIP

Country (if not USA)

Telephone

E-mail (if any)

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

7. Prior residence (provide the last permanent residence where you resided before the address in question 6):

Period From (mm/yyyy): \_\_\_\_\_ To (mm/yyyy): \_\_\_\_\_

Street Address

City/Town/Village

State

ZIP

Country (if not USA)

8. Office address (if applicable):

Name of Office and Street Address

City/Town/Village

State

ZIP

Country (if not USA)

Telephone

E-mail (if any)

## B. Education

9. List all colleges, universities and professional schools (other than law schools) attended. Provide a chronological listing (from earliest to latest). If you did not receive a degree, state the reason.

Dates of Attendance From (mm/yyyy): _____	To (mm/yyyy): _____
Name of College / University / Other	Degree
Street Address	City/Town/Village
State	ZIP Country (if not USA)
Reason for not receiving a degree (if applicable)	

Dates of Attendance From (mm/yyyy): _____	To (mm/yyyy): _____
Name of College / University / Other	Degree
Street Address	City/Town/Village
State	ZIP Country (if not USA)
Reason for not receiving a degree (if applicable)	

Dates of Attendance From (mm/yyyy): _____	To (mm/yyyy): _____
Name of College / University / Other	Degree
Street Address	City/Town/Village
State	ZIP Country (if not USA)
Reason for not receiving a degree (if applicable)	

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

10. List all law schools attended. Provide a chronological listing (from earliest to latest). If you did not receive a degree, state the reason.

**Form Law School Certificates:** You must send the Form Law School Certificate to **each law school** listed below. Each law school should return the form directly to the Appellate Division.

Dates of Attendance From (mm/yyyy): _____	To (mm/yyyy): _____	
Name of Law School	Degree	
Street Address	City/Town/Village	
State	ZIP	Country (if not USA)
Reason for not receiving a degree (if applicable)		

Dates of Attendance From (mm/yyyy): _____	To (mm/yyyy): _____	
Name of Law School	Degree	
Street Address	City/Town/Village	
State	ZIP	Country (if not USA)
Reason for not receiving a degree (if applicable)		

**Note:** If you answer 'Yes' to question 11, 12 or 13, give the name of the institution, and state fully the circumstances and date of each such occurrence.

11. Have you ever been denied admission to any school, college, law school, or other similar institution for stated cause which might reflect upon your character?

**No**    **Yes** (if "Yes" answer below)

Name of Institution	Date (mm/yyyy)
Reason and Circumstances:	

12. Have you ever been placed on probation, dropped, suspended, expelled or otherwise been subjected to discipline by any institution of learning above elementary school level for conduct which might reflect upon your character?

**No**    **Yes** (if "Yes" answer below)

Name of Institution	Date (mm/yyyy)
Reason and Circumstances:	

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

13. Have you ever been requested or advised by any college, law school, or other professional or graduate school for any reason to discontinue your studies therein?

**No**      **Yes** (if "Yes" answer below)

<b>Name of Institution</b>	<b>Date (mm/yyyy)</b>
<b>Reason and Circumstances:</b>	

### C. Employment

14. List every employment you have had since you reached the age of 21, or in the last 10 years, whichever period is shorter, in chronological order (from earliest to latest). Include your current employment, if any. Include self-employment, clerkships, temporary or part-time employment, military service, employment by members of family or other relatives, employment with or without monetary compensation, law-related work-study employment, and law-related employment for academic credit only, including participation in law school clinics and externships, and work as a research assistant. Note to applicants applying for admission on examination: do not include employments listed on your 50 hour pro bono compliance affidavit or listed on your pro bono scholars program completion affidavit.

**Form Affirmations as to Applicant's Law-Related Employment and/or Solo Practice:** For each law-related employment or period of solo law practice listed in reply to this question, please submit an original form affirmation. If you have not had any law-related employment, submit a letter addressed to the Appellate Division on the letterhead of your present employer, or if you are not presently employed, from your last employer, giving (a) the nature of the services you rendered, (b) the period of employment, (c) the reason you left, and (d) a brief evaluation of your character. Note to applicants applying for admission on examination: do not submit an employment affirmation for employments listed on your 50 hour pro bono compliance affidavit or listed on your pro bono scholars program completion affidavit.

<b>Period From (mm/yyyy)</b>	<b>Period To (mm/yyyy)</b>
<b>Name of Employer</b>	<b>Position(s) Held</b>
<b>Employer's Address</b>	<b>City/Town/Village</b>
<b>State</b>	<b>ZIP</b> <b>Country (if not USA)</b>
<b>Telephone</b>	<b>Nature of Employer's Business</b>
<b>Reason for Leaving or Termination:</b>	

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

Period From (mm/yyyy)	Period To (mm/yyyy)	
Name of Employer	Position(s) Held	
Employer's Address	City/Town/Village	
State	ZIP	Country (if not USA)
Telephone	Nature of Employer's Business	
Reason for Leaving or Termination:		

Period From (mm/yyyy)	Period To (mm/yyyy)	
Name of Employer	Position(s) Held	
Employer's Address	City/Town/Village	
State	ZIP	Country (if not USA)
Telephone	Nature of Employer's Business	
Reason for Leaving or Termination:		

Period From (mm/yyyy)	Period To (mm/yyyy)	
Name of Employer	Position(s) Held	
Employer's Address	City/Town/Village	
State	ZIP	Country (if not USA)
Telephone	Nature of Employer's Business	
Reason for Leaving or Termination:		

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

Period From (mm/yyyy)	Period To (mm/yyyy)	
Name of Employer	Position(s) Held	
Employer's Address	City/Town/Village	
State	ZIP	Country (if not USA)
Telephone	Nature of Employer's Business	
Reason for Leaving or Termination:		

Period From (mm/yyyy)	Period To (mm/yyyy)	
Name of Employer	Position(s) Held	
Employer's Address	City/Town/Village	
State	ZIP	Country (if not USA)
Telephone	Nature of Employer's Business	
Reason for Leaving or Termination:		

15. Are you now, or have you ever been, engaged on your own account or with others in any occupation, business enterprise, or profession (other than law and **not** included in question 14) in the State of New York or elsewhere?

**No      Yes**

If **'Yes'**, give in detail the nature and location thereof and the month and year of the beginning and ending of your engagement in or connection therewith. If any such business was carried on by you in partnership with others, give the names and addresses of all partners and the nature of the business. If the business was carried on by a corporation in which you held any office, state its name and address, the nature of its business and your connection with it.

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

List any action now pending against such firm or corporation and any judgment entered against it during the period of your association with it.

16. In connection with any employment, whether or not listed in question 14, have you ever been discharged or requested to resign from or leave your position **for cause**?

**No      Yes**

If **'Yes'**, give the name of each such employer and state the date and circumstances as to each such incident.

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### D. Bar Admissions and Other Registrations/Licenses

17. Have you ever applied for admission to the Bar of the State of New York in this or any other Department (*see* CPLR § 9405), including admission *pro hac* vice (*see* 22 NYCRR 520.11) or for registration as in-house counsel, or for license as a foreign legal consultant in this State (*see* 22 NYCRR Parts 521 and 522)?

**No      Yes**

If **'Yes'**, explain (with dates and disposition).

18. Have you ever applied to take or taken the Bar examination in any country, state or jurisdiction other than the State of New York?

**No      Yes**

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

19. Have you ever applied for admission to practice as an attorney in any country, state or jurisdiction other than the State of New York?

**No**      **Yes**

If your answer to questions 18 or 19 is 'Yes', state specifically the result of the Bar examination and/or the disposition made of the application. If admitted, state the name of each jurisdiction and court by which admitted and the date of such admission. Do not include applications to United States federal courts in your response.

**Applicants Admitted in Other States or Countries Must Submit:** (1) an original certificate of good standing at the Bar from each such jurisdiction and (2) an original letter from each such jurisdiction's grievance committee, or other body entertaining complaints against lawyers, where available, certifying as to whether charges have ever been filed with such committee or body against you, and, if so, the substance of the charges and the disposition thereof. Certificates of good standing and grievance letters should not be dated more than 60 days prior to submission. You do not need to submit certificates or letters from any United States federal court in which you have been admitted to practice.

20. Have you ever engaged in or has your conduct ever been called into question with reference to the unauthorized practice of law?

**No**      **Yes** (if "Yes" explain)

21. Have you ever been employed by or otherwise connected with any person, firm or corporation who or which, to your knowledge, engaged in conduct that was called into question on the subject of unauthorized practice of law while you were so employed or connected?

**No**      **Yes** (if "Yes" explain)



## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

22. Except for activities comprising part of a law school clinical program or otherwise permitted by law (see Judiciary Law §§ 478, 484, 495), have you ever tried any action or proceeding, argued any motion, drawn legal papers other than under the supervision of an attorney, given legal advice or held yourself out as an attorney in this State?

**No**      **Yes** (if "Yes" explain)

### E. Military Record

Please answer both questions 23 and 24.

23. Have you at any time or in any manner served in any of the armed forces of the United States, including reserves?

**No**      **Yes** (if "Yes" answer below)

Period Served From (mm/yyyy)	Period Served To (mm/yyyy)
Where	Branch of Service
Nature of Service Rendered:	
If Discharged: Give Date And Nature Of Discharge:	

24. Have you served in the armed forces (reserves or otherwise) of any country other than the United States of America?

**No**      **Yes** (if "Yes" answer below)

Period Served From (mm/yyyy)	Period Served To (mm/yyyy)
Where	Branch of Service
Nature of Service Rendered:	
If Discharged: Give Date And Nature Of Discharge:	

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

**No**      **Yes** (if “Yes” state the facts below)

**No**      **Yes** (if “Yes” answer below)

Name and Locality of Court	Charge or Charges
Disposition Thereof and Underlying Facts, Including Relevant Dates:	

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

### G. Civil Matters

27. State whether you have ever testified, refused to testify, or been granted immunity, as a complainant, party or witness in any action or proceeding, or before any prosecuting or investigative agency in any matter.

**No      Yes**

28. State whether you have ever failed to answer any ticket, summons or other legal process served upon you at any time.

**No      Yes**

29. If you answered 'Yes' to question 28, was any warrant, subpoena or further process issued against you as a result of your failure to respond to such legal process?

**No      Yes**

30. State whether there are any unpaid traffic or parking tickets in your name or attributable to a motor vehicle registered in your name; if 'Yes', please complete the following.

**No      Yes**

Description of unpaid ticket(s)	Fines - Amount(s) due and Date(s) due

31. State whether you have ever been charged with fraudulent conduct or any other act involving moral turpitude.

**No      Yes**

32. State whether you have ever been a complainant, party or witness to or otherwise involved in any civil or criminal action, proceeding or investigation not covered by answers to the above questions 27-31.

**No      Yes**

If you answered 'Yes' to any of the above questions 27-32, indicate the question and state the facts as fully as possible. If applicable, provide the name and locality of the court or agency, the approximate date of the action or proceeding, and the judgment or other disposition.

### H. Conduct Relevant to Fitness to Practice

The Appellate Division of the Supreme Court and its Committees on Character and Fitness have a statutorily imposed obligation to carefully investigate the character and fitness of every applicant seeking admission to the practice of law in New York (see CPLR 9404; Judiciary Law § 90 [1] [a]). The information requested here is considered in furtherance of that obligation; like all information disclosed in this application, it is treated confidentially (see Judiciary Law § 90[10]).

This section requires full and candid disclosure of conduct and behavior that may call into question your ability to practice law in a competent, ethical or professional manner. While an applicant may be denied admission when the applicant's ability to function is impaired in a manner relevant to the fitness to practice law, past or present treatment for a condition or impairment is viewed favorably by the Appellate Division of the Supreme Court and its Committees on Character and Fitness. Indeed, applicants who may benefit from treatment are encouraged to seek it.

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

33. Within the past seven years, have you asserted any condition or impairment as a defense, in mitigation, or as an explanation for your conduct in the course of any inquiry, any investigation, or any administrative or judicial proceeding by an educational institution, government agency, professional organization, or licensing authority; or in connection with an employment disciplinary or termination procedure?

**No      Yes**

If your answer is '**Yes**', furnish the following information.

Name of Entity Before Which the Issue was Raised (i.e., Court, Agency, Etc.)			
Street Address		City/Town/Village	State
ZIP	Country	Province	Telephone
Nature of the Proceeding		Relevant Date(s)	
Disposition, if any			
Explanation:			

34. Except as otherwise disclosed on this application, within the past seven years, have you engaged in any conduct or behavior that, as applied to you:

- (a) resulted in an arrest, discipline, sanction or warning;
- (b) resulted in termination or suspension from school or employment;
- (c) resulted in loss or suspension of any license;
- (d) resulted in any inquiry, any investigation, or any administrative or judicial proceeding by an employer, educational institution, government agency, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure;
- (e) endangered the safety of others, breached fiduciary obligations, or constituted a violation of workplace or academic conduct rules; or
- (f) resulted in your involuntary hospitalization by court order?

**No      Yes**

If so, provide a complete explanation and include all defenses or claims that you offered in mitigation or as an explanation for your conduct. If you answered '**Yes**', furnish the following information.

Name of Entity Before Which the Issue was Raised (i.e., Court, Agency, Etc.)			
Street Address		City/Town/Village	State
ZIP	Country	Province	Telephone
Nature of the Proceeding		Relevant Date(s)	
Disposition, if any			
Explanation:			

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

35. Except as otherwise disclosed in this application, within the past seven years, have you exhibited or engaged in any conduct or behavior, including conduct or behavior resulting from a condition or impairment, that could call into question your ability to practice law in a competent, ethical, and professional manner?

**No      Yes**

Relevant Date(s)
Explanation:

36. Are you currently using any illegal drugs?

**No      Yes**

### I. Child Support

37. As of the date this application is filed, state whether you are or are not under an obligation to pay child support.

**I Am      I Am Not**

If you answered '**I Am**', answer the following questions:

- (a) Are you four months or more in arrears in the payment of child support?

**No      Yes**

- (b) Are you making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties?

**No      Yes**

- (c) Is the child support obligation the subject of a pending court proceeding?

**No      Yes**

- (d) Are you receiving public assistance or supplemental security income?

**No      Yes**

If you answered '**Yes**' to question 37 a, but '**No**' to 37 b, c, or d, please explain.

**PLEASE NOTE THAT PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT OR WHO HAVE FAILED TO COMPLY WITH A SUMMONS, SUBPOENA OR WARRANT RELATING TO A PATERNITY OR CHILD SUPPORT PROCEEDING MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL, DRIVER'S AND/OR RECREATIONAL LICENSES AND PERMITS INCLUDING, BUT NOT LIMITED TO, LICENSES ISSUED PURSUANT TO ENVIRONMENTAL CONSERVATION LAW § 11-0713.**

**Please further note that the intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to section 175.35 of the Penal Law of the State of New York.**



## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

40. Do you owe any debt for \$300 or more, which is past due for over 90 days?

**No      Yes**

If **'Yes'**, list each such debt and state the name and address of the creditor, the amount presently owed, the due date, and the nature of the debt.

Creditor Name	
Creditor Address	
Amount Owed	Date (mm/dd/yyyy)
Nature of Debt:	

Creditor Name	
Creditor Address	
Amount Owed	Date (mm/dd/yyyy)
Nature of Debt:	

Creditor Name	
Creditor Address	
Amount Owed	Date (mm/dd/yyyy)
Nature of Debt:	

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

41. Have you ever applied for or been granted a discharge in bankruptcy?

**No      Yes**

If **'Yes'**, briefly state the facts, including the reason for bankruptcy, date of petition, date of discharge or other disposition and court.

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### K. Licenses / Bonds

Please answer both questions **42** and **43**.

42. (a) Have you ever applied for a license the procurement of which required proof of good character (**other than** Bar applications listed under question **17–19** above)?

**No      Yes**

If granted, state, as to each such license, the approximate date it was granted and the name of the authority granting it.

License(s)	Date(s) Granted (mm/yyyy)	Name(s) of Authority



**Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York**

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

(b) If your application for such a license was not granted, state the facts.

(c) If any such license was revoked or suspended, state the facts.

**43.** Has anyone ever sought to recover on or cancel a fidelity bond on account of your conduct in connection with a bonded position held by you?

**No      Yes**

If **'Yes'**, specify the nature of your position, the dates during which you were bonded, and the underlying circumstances.

Position	
Date Bonded From (mm/yyyy)	Date Bonded To (mm/yyyy)
Underlying Circumstances:	

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**L. Loyalty / Oaths / Rules of Professional Conduct**

44. Have you ever organized or helped to organize or become a member of any organization or group of persons which, during the period of your membership or association, you knew was advocating or teaching that the government of the United States or any state or any political subdivision thereof should be overthrown or overturned by force, violence or any unlawful means?

**No      Yes**

If **'Yes'**, state the facts.

45. **Please read carefully:** I hereby state that I can take and subscribe to an oath or affirmation that I will support the Constitutions of the United States and the State of New York.

I hereby conscientiously affirm that I am, without any mental reservation, loyal to and ready to support the Constitutions of the United States and the State of New York.

I have read and I will conscientiously endeavor to conform my professional conduct to the Rules of Professional Conduct adopted by the Appellate Division (*see* 22 NYCRR Part 1200).

If you **cannot** so state, affirm and or endeavor, please explain.

**SINCE THIS IS A CONTINUING APPLICATION, I WILL SUBMIT SUCH ADDITIONAL AFFIDAVITS, AFFIRMATIONS, PAPERS OR INFORMATION AS MAY BE REQUESTED OR AS MAY BE NECESSITATED BY ANY CHANGE IN MY SITUATION UP TO THE DATE OF MY APPEARANCE BEFORE THE APPELLATE DIVISION TO BE SWORN IN AS AN ATTORNEY AND COUNSELOR-AT-LAW.**

**Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York**

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

**This Application for Admission Questionnaire Must Be Signed and Notarized as Indicated Below.**

**STATE (COUNTRY) OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

**CITY OF** \_\_\_\_\_

**I (name of applicant), \_\_\_\_\_, SWEAR (OR AFFIRM) THAT:**

I have read the foregoing questions and have fully, truthfully and accurately answered the same. The foregoing answers are true of my own knowledge, except if stated to be made upon information and belief, and as to such answers, I believe them to be true.

I authorize the Appellate Division of the Supreme Court and its Committees on Character and Fitness to investigate my character and general fitness to practice law and to contact individuals and entities listed in this Application for Admission for the purpose of ascertaining my character and fitness to practice law. I further authorize such individuals and entities to communicate with the Appellate Division of the Supreme Court and its Committees on Character and Fitness in this regard to provide such clarification and/or further information and documentation as they require.

I hereby release, discharge, and exonerate the Appellate Division of the Supreme Court and its Committees on Character and Fitness, their members, agents and representatives, as well as any person furnishing information to the committee from any and all liability of every nature and kind in the course of their duties arising out of the investigation made by the Appellate Division into my moral character, professional reputation, and general fitness for the practice of law, including, without limitation, the inspection of documents, records, and other information related to my treatment for any mental health, drug, alcohol or other substance related condition, or any addiction.

Signature of Applicant \_\_\_\_\_

Dated (mm/dd/yyyy) \_\_\_\_\_

Subscribed and sworn to or affirmed before me this

\_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public\***  
(Sign & Affix seal or stamp)

\* If application questionnaire is sworn to outside the United States, its commonwealths, territories, or possessions, and the attesting officer is not a notary public, attach a certificate of the attesting officer's authority to attest to or witness the signature of the affiant in the jurisdiction.

## Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

**Application for Admission Questionnaire (Continued)** - Please see the General Instructions for guidance on filing complete applications

### ADDENDUM: DESIGNATION OF AGENT

This designation must be completed only by applicants who do not reside and are not employed full time in the State of New York (see 22 NYCRR 520.13).

I (name of applicant), \_\_\_\_\_, do hereby appoint the Clerk of the Appellate Division, \_\_\_\_\_ Judicial Department,\* as my agent upon whom process may be served with like effect as if served upon me personally, in any action or proceeding hereafter brought against me and arising out of or based upon any legal services rendered or offered to be rendered by the undersigned in the State of New York.

Signature of Applicant \_\_\_\_\_

Dated (mm/dd/yyyy) \_\_\_\_\_

STATE (COUNTRY) OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

CITY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the above designation of agent and acknowledged to me that he or she executed the same, and that by his or her signature on the designation of agent he or she executed the designation of agent.

\_\_\_\_\_  
**Officer qualified to administer oath**

(Notary Public)\*\*  
(Sign & Affix seal or stamp)

\* Enter the Appellate Division Department in which you are being licensed.

\*\* If designation of agent is sworn to outside the United States, its commonwealths, territories, or possessions, and the attesting officer is not a notary public, attach a certificate of the attesting officer's authority to attest to or witness the signature of the affiant in the jurisdiction.