WASHINGTON STATE
BAR ASSOCIATION
Regulatory Services Department

WASHINGTON STATE BAR ASSOCIATION
APR 8(f) HOUSE COUNSEL

Name: _____ **Bar Number:** _____

Business Address (Official public mailing address):

Business Name

Business/Public Phone

Street Address

Fax Number

City State Zip

Primary Email Address
❑ Do not publish email in the online legal directory.

Home Address (Your home address and phone will be public if it is the only information on file with the WSBA.):

Street Address

Home Phone Number

City State Zip

Alternative/Home Email Address

WASHINGTON STATE
BAR ASSOCIATION

AFFIDAVIT OF EMPLOYER FOR CHANGE OF EMPLOYER UNDER APR 8(f)

I certify that,_____, who I understand to be licensed as House Counsel under APR 8(f), is employed as a lawyer exclusively for _____, a profit or not for profit corporation (including its subsidiaries and affiliates), association, or other business entity registered to do business in Washington state. The corporation, association, or other business entity is not a government entity and its lawful business does not consist of the practice of law or the provision of legal services. The nature of the employment in all other respects conforms to the requirements of rule 8(f) of the Admission and Practice Rules (APR).

Certified to this _____day of _____, 20_____.

_____
Signature of Employer Representative

_____
Printed Name of Employer Representative and Title
(Must be an officer, director, or general counsel of employer)

_____
City, State Where Signed