Form AHC49

NOTICE RE CHANGE OF EMPLOYER

I, _____ , certify that:

my employment with _____ , the organization

for which my registration was filed, has ended, effective _____ and that my

employment with _____ commenced or will commence

on _____ .

I have read Practice Book § 2-15A (e)(1)(A) and understand that authorization to perform services as an AHC shall continue if my new employment commenced or will commence within 30 days after my previous employment ended. Furthermore, I understand that a new Form AHC11 completed by my new employer must be filed with the bar examining committee in addition to this form (Form AHC49).

_____
(Signature)

Sworn to before me this

_____ day of _____,

20____.

_____
(Notary Public)

Send completed form to:

Connecticut Bar Examining Committee
AHC Application Department
100 Washington Street
Hartford, CT 06106-4411