



# APPLICATION FOR APPOINTMENT AS APPROVED ATTORNEY

TO: \_\_\_\_\_ ("Title Company")

Application is hereby made by the undersigned for appointment as an "Approved Attorney," upon whose certification of title the above named company would issue its title insurance binder and policies.

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: (Home) \_\_\_\_\_ Phone: \_\_\_\_\_

(Business) \_\_\_\_\_ Phone: \_\_\_\_\_

NAME: AND LOCATION OF EACH COLLEGE, UNIVERSITY OR LAW SCHOOL ATTENDED:

Name of Institution	Degree	Year

Admitted to practice in \_\_\_\_\_ (States) Year(s): \_\_\_\_\_

Years of actual practice: \_\_\_\_\_ How long in present city? \_\_\_\_\_

Do you specialize in the laws relating to real property? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Approximate percentage of practice devoted to real estate matters? \_\_\_\_\_

Are you affiliated with a law firm? \_\_\_\_\_ Year you joined the firm: \_\_\_\_\_

Name of firm: \_\_\_\_\_

LIST OF OTHER EMPLOYMENT AS AN ATTORNEY:

Firm	Address	Dates

FIRMS OR ORGANIZATIONS REPRESENTED, and/or LENDERS FOR WHICH YOU HAVE CERTIFIED TITLES and/or CLOSED REAL ESTATE LOANS:


NAME OF YOUR PROFESSIONAL LIABILITY CARRIER: \_\_\_\_\_

AMOUNT OF COVERAGE: \_\_\_\_\_ POLICY NO. \_\_\_\_\_

PRACTICING ATTORNEYS HAVING PERSONAL KNOWLEDGE OF YOUR CAPABILITIES AND EXPERIENCE IN TITLE WORK:

Names	Addresses	Phone Numbers

IF APPROVED ATTORNEY FOR OTHER TITLE INSURANCE COMPANIES, GIVE NAMES:


Have you attended the NCBA Basic Real Estate Seminar? \_\_\_\_\_

Have you been certified by the NC State Bar as a Specialist in Real Property Law? Commercial ( ) and/or Residential ( )

If a member of a law firm, the law firm must certify the following:

"We confirm the above statements and will support this attorney's examinations in our firm name"

\_\_\_\_\_  
(Signature of applicant as will appear on Opinions)

By: \_\_\_\_\_  
(Member of firm)

Date: \_\_\_\_\_