

**CERTIFICATION OF ATTORNEY
INSTRUCTIONS FOR PREPARATION**

Purpose: This form is used to notify an attorney of his selection to handle a loan closing and for him to certify to his status as a practicing attorney and his liability and fidelity bond coverage.	
Handbook Reference: 3-FLP	Number of Copies: Original and One
Signatures Required: Authorized Agency Official and Attorney.	
Distribution of Copies: Original in case file and copy to Attorney.	
Automation-Related Transactions: (Instructions for writers: provide only the information required, i.e. ADPS TC 3K. If no automation actions are required, insert N/A): N/A	

Parts A, B, and D completed by FSA.

Part C must be completed by the Attorney.

Fld Name / Item No.	Instruction
A1 Attorney	Enter the name and address of the attorney/title company selected by the applicant to perform legal services and close the loan.
A 2 FSA Office	Enter the name and address of the FSA Office.
B1(a) Name of Applicant	Enter the full legal name of applicant.
B1(b) Address	Enter the address of the applicant.
B2A Agency Official's Name	Enter the name of the Agency Official signing this form.
B2B Agency Official's Title	Enter the title of the Agency Official signing this form.
B2C Agency Official's Signature	Enter the signature of the Agency Official signing this form.

Fld Name/ Item No.	Instruction
B2D Date of Signature	Enter the date the form is signed by the Agency Official.
C1(b)(c) State	Enter the Name of the State in which the Attorney is a member of the bar.
C2(a)&(b) Method of Providing Clearance	Enter a check mark to indicate the appropriate type of clearance: (a) Title Opinion or (b) Title Insurance Policy.
C3(a) Amount of Insurance	Enter the dollar amount of professional liability insurance per occurrence.
C3(b) Insurance Company Name	Enter the name of the Attorney's liability insurance company.
C3(c) Insurance Company Address	Enter the address of the Attorney's liability insurance company.
C3(d) Deductible Amount	Enter the dollar amount of the policy deductible.
C3(e) Policy Number	Enter the policy number.
C3(f) Expiration Date	Enter the policy expiration date.
C 3(g) Fidelity Bond Coverage	Enter the amount of fidelity bond coverage for employees and associates having access to FSA loan funds.
C4A Signature	Enter the Attorney's Signature.
C4B Date	Enter the date the attorney or his representative signed the form.

Fld Name/ Item No.	Instruction
<i>FOR FSA'S USE ONLY. PART D – FSA APPROVAL.</i>	
D1 FSA's Decision	Mark checkbox to indicate FSA's decision to approve or disapprove the selected attorney.
D2A Approval Official's Name	Name of Approval Official.
D2B Approval Official's Signature	Enter the signature of the Approval Official.
D2C Date Signed	Enter the date the Approval Official signed the form.