

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA
CM/ECF AUDITOR REGISTRATION FORM**

This form is to be used to register for LIMITED FILING PRIVILEGES for filing auditor's reports.

The following information is required for CM/ECF registration:

Contact Information

Name (First, Middle, Last): _____

Agency/Company: _____

E-Mail Address: _____

Street Address: _____

Phone Number: _____ Fax Number: _____

Does your agency e-file in any other U.S. Bankruptcy Courts? _____ If so, where:

Designated ECF contact person: _____

Phone Number: _____ E-Mail Address: _____

By signing and submitting this registration form, I agree to abide by the following requirements:

1. Signatures on documents shall be indicated by "/s/" and the typed name of the person signing in the following format: "/s/ Janet Smith" on the signature line. I understand that use of my Limited Use password to file a document in the record of a bankruptcy case will constitute my signature for all purposes authorized and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, Federal Rules of Criminal Procedure and any applicable non bankruptcy law.

2. The login and password for filing via the Internet shall be used exclusively by me and by any of my employees to whom I give authorization. All proofs of claim or other documents filed using my password will contain my signature as set forth above.

3. I agree to abide by all of the requirements set forth in Electronic Filing Procedures posted at www.nvb.uscourts.gov and any changes or additions that later may be made.

Date: _____

Signature

Please return to:

Clerk, United States Bankruptcy Court
The Foley Federal Building
300 Las Vegas Blvd., So.
Las Vegas, NV 89101
Attn: CM/ECF Systems Administrator