

**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](http://www.nvb.uscourts.gov) and any changes or additions that later may be made.

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

\_\_\_\_\_  
Signature

**Please return to:**

United States Bankruptcy Court  
The Foley Federal Building  
300 Las Vegas Blvd., So.  
Suite 4-242  
Las Vegas, NV 89101  
Attn: CM/ECF Department