

DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST CERTIFICATION

PROPOSER hereby indicates that it has, to the best of its knowledge and belief has:

- Determined that no potential organizational conflict of interest exists.
- Determined a potential organizational conflict of interest as follows:

Attach additional sheets as necessary.

- 1. Describe nature of the potential conflict(s):

- 2. Describe measures proposed to mitigate the potential conflict(s):

Signature _____
Date

Print Name

Company

If a potential conflict has been identified, please provide name and phone number for a contact person authorized to discuss this disclosure certification with Department of Transportation contract personnel.

Name _____
Phone

Company