

ONLY COMPLETE PART 2 IF CONTRACT IS FOR PROFESSIONAL SERVICES

PART 2 - AGENCY CERTIFICATION

Approval of Appointing Authority:

(To be completed in the case of a contract for professional services only.)

Being the _____
(Title of Appointing Authority)

of _____
(Name of Contracting Agency)

and having the duty to file a written certification with the Commission, I hereby affirm that no other state officer, employee, or special state appointee of

_____ is available to perform those services as part of the regular duties of the
(Name of Contracting Agency)

state officer, employee, or special state appointee.

(Name of Appointing Authority)

(Signature)

PART 3 - AFFIRMATION

Affirmation of State Officer, Employee, or Special State Appointee:

This Statement was submitted to the Commission pursuant to 42 IAC 1-5-7 (IC 4-2-6-10.5) to disclose my financial interest in a contract with an agency. I affirm, under penalty of perjury, the truth and completeness of the statements made above and that I am the above named state officer, employee, or special state appointee.

Signed: _____ Date: (month, day, year) _____

**Mail or deliver to:
Office of the Inspector General
315 West Ohio Street, Room 104
Indianapolis, IN 46202-3210
Telephone: (317) 232-3850**