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