

CONFLICT OF INTEREST QUESTIONNAIRE

FORM COIQ

For vendor or other person doing business with the South Central Texas Regional Certification Agency(SCTRCA).

OFFICE USE ONLY

Date Received/Date Reviewed

This questionnaire is being filed for compliance with SCTRCA policies and procedures by a person who has a business relationship with a Staff or Board Member of the SCTRCA.

1 Name of person who has a business relationship with a Member of the Staff or the Board of the SCTRCA.

2 Check this box if you are filing an update to a previously filed Agency conflict questionnaire.

3 Name of SCTRCA Staff or Board Member(s) with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for Staff or Board Member with whom the filer has an employment or other business relationship. Attach additional pages to this Form COIQ as necessary.

A. Is the Staff or Board Member named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the Staff or Board Member named in this section?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the Staff or Board Member serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the Staff or Board Member named in this section.

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Signature of person doing business with the SCTRCA

Date