FORM INSTRUCTIONS FOR STATE AND LOCAL GOVERNMENT APPLICANTS

PRIOR TO BEING GRANTED ACCESS TO LADMF DATA AND PRODUCTS FROM NTIS, ANY STATE OR LOCAL GOVERNMENT DEPARTMENT OR AGENCY RELYING ON AN ATTESTATION FROM A STATE OR LOCAL AG OR IG IS REQUIRED TO HAVE THIS FULLY COMPLETED FORM SUBMITTED BY THE AG OR IG.

2. The state or local AG or IG completes this form for a specific person* applying for LADMF certification.
3. The state or local AG or IG submits this completed form directly to NTIS. NTIS will not accept Form NTIS FM100B directly from an applicant.

SECTION 1: STATE OR LOCAL GOVERNMENT APPLICANT INFORMATION

NAME OF APPLICANT STATE OR LOCAL GOVERNMENT DEPARTMENT OR AGENCY

NTIS INVOICE/ORDER CONFIRMATION NUMBER FOR PROCESSING FEE:

*Per 15 CFR Part 1110, a “person” includes a corporation, company, association, firm, partnership, society, joint stock company, other private organization, or state or local government department or agency, or individual.

SECTION 2: STATE OR LOCAL GOVERNMENT AUDITOR GENERAL OR INSPECTOR GENERAL

NAME OF ASSESSOR          E-MAIL OF ASSESSOR

AG/IG OFFICE              PHONE NUMBER

SECTION 3: ASSESSMENT RESULTS

An assessment of the state or local government applicant named in Section 1 was completed and based on the findings the applicant has systems, facilities and procedures in place to safeguard LADMF information as required by 15 CFR 1110.102(a)(2). This assessment was conducted on __________ [enter date of assessment], which is no more than 3 years prior to the date of the applicant’s completed Form NTIS FM 161.

If this assessment was not conducted specifically or solely for the purpose of submission under 15 CFR Part 1110, describe below the nature of the assessment upon which the assessment result in this Section 3 is based (note if additional documentation is being submitted):

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
The undersigned State or Local Auditor General or Inspector General hereby attests that:

1. It has read and understands the regulations in 15 CFR Part 1110.
2. It will cooperate in response to any request from NTIS to verify the accuracy, veracity, and/or completeness of information received in connection with its assessment and this attestation.

By signing and submitting this form I attest that I am authorized to sign this form on behalf of the State or Local Government Auditor General or Inspector General identified in Section 2, that the State or Local Government Auditor General or Inspector General identified in Section 2 has conducted a full assessment of the LADMF systems safeguards program of the applicant identified in Section 1, and that the results are as specified in Section 3. I hereby acknowledge that any willful false attestation or statement made herein is punishable under 18 U.S.C. §1001 by fine or imprisonment of not more than five (5) years, or both.

Signature: ______________________________

Date: ______________________________

Email to: DMFCERT@NTIS.GOV  Fax to: 703.605.6900