NEW MEXICO HSD CSES & MMIS
PROJECT MANAGEMENT OFFICE (PMO) RFP

SAMPLE
OWNERSHIP VERIFICATION

The following statement must be submitted by the Contractor on Company Letterhead or within an email from an authorized party of the Contractor.

1) Contractor Name is NOT a former state employee.*

2) Contractor Name is NOT a current state employee or a legislator or the family member of a current state employee or legislator, or a business in which a current state employee or legislator or family member of the current state employee or legislator has an interest of greater than 20%.*

* If ownership is greater than 20%, then the Contractor must submit the AG Affidavit for Former state employee” form.

By: (Contractor Name) Date: ___________________

Printed Name: (Person’s Name) __________________

Printed Title: ________________________________

Signature of Authorized Individual: ________________________________