

**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 a 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: \_\_\_\_\_