

I, [INSERT NAME], hereby acknowledge that I have received, read, and understand the Conflict of Interest Policy for the IETF Administration LLC (the “Policy”) provided to me. I also understand and acknowledge my responsibilities as a Covered Individual under the Policy which is, at all times, to adhere to the Policy and the Policy’s purpose and intent.

I hereby certify that the information contained below is true, complete, and accurate.

(If additional space is needed in any section, please attach additional pages. This text can be removed when your form is filed.)

I. The name of my current employer(s) or parties for whom I contract:

Organization	Position

II. The names of organizations for which I or a family member serves as a board member, officer, or director, or organizations for which I or a family member is the sole owner, co-owner, controlling shareholder, or significant shareholder (under the US Securities and Exchange Commission’s definition), other than for the IETF Administration LLC for which there is an actual or potential perceived conflict of interest:

Organization	Organization Type	Position

III. Other activities I participate in that may be in a similar area of activity as the IETF Administration LLC, or other potential conflicts of interests with my IETF Administration LLC responsibilities:

Organization	Organization Type	Involvement

(If additional space is needed in any section, please attach additional pages. This text can be removed when your form is filed.)

Signature:

Name:

Date: