



ARMtech Agency Certification of Agency Employee Non-Disclosure Statements

I hereby certify that _____ has reviewed its files and, as of _____,
(Agency Name) *(Date)*

all employees or other persons having access to Protected Information have signed a non-disclosure statement.

Print Name: _____

Signature: _____

Date: _____

Title or Position: _____

Name of Affiliate or contractor (i.e. Agency), if applicable: _____