

**UNITED STATES CAPITOL POLICE
PSYCHOLOGICAL TESTING SERVICES
NONDISCLOSURE/CONFLICT OF INTEREST CERTIFICATE**

NONDISCLOSURE

I hereby certify that I will not disclose any proprietary information concerning the Psychological Testing Services Proposal, including information about the United States Capitol Police specifications or requirements, to anyone who is not authorized access to the information by the Contracting Officer or by law or regulation. Notwithstanding anything to the contrary in this agreement, the obligations with respect to disclosing data as set forth in this agreement are not applicable if the data:

1. Becomes lawfully known from a source other than the disclosing party
2. Is developed independently
3. Falls within the public domain without a breach of this agreement
4. Is disclosed to third parties on a non-restricted basis

CONFLICT OF INTEREST

I hereby certify that any known personal conflict will be immediately reported to the Contracting Officer. I understand that should a personal conflict of interest arise or occur during my involvement with the Psychological Testing Services Proposal, I must report it immediately and possibly recuse myself from further participation in the Psychological Testing Services Proposal.

Name (Please Print)

Signature

Title

Date