STATE OF TENNESSEE

ETHICS POLICY COMPLIANCE CERTIFICATION
AND CONFLICT OF INTEREST STATEMENT

(To be completed by the Governor, Governor's Cabinet and Cabinet Level Staff)

Please read, sign and return to the Governor's Legal Office
by April 15, of each year

Pursuant to paragraph five of Executive Order No. 2, dated January 24, 2019, I, _________________________ (name), _____________________ (title) of the
Department of ________________________, do hereby certify that any and all
material violations of Executive Order No. 2, dated January 24, 2019, known by me or
by the Department Compliance Officer to have occurred in this Department during
the previous calendar year have been reported to the Counsel to the Governor.

I also hereby certify that I know of no circumstance related to my duties respecting
Tennessee state government that might result in or create the appearance of any of
the conditions described in sections (a) through (f) in paragraph 2 of Executive Order
No. 2, dated January 24, 2019. These conditions include the following:

i. Using public office for private gain;
ii. Giving preferential treatment to any person;
iii. Impeding government efficiency or economy;
iv. Losing complete independence or impartiality;
v. Making a government decision outside of official channels; or
vi. Affecting adversely the confidence of the public in the integrity of the
government.

NOTE: If the statement above is not accurate and you know of circumstances
related to your duties respecting state government that might result in or
create the appearance of any of the conditions described in sections (a)
through (f) in paragraph 2 of Executive Order No. 2, do not sign this
Statement, but instead attach a list of such circumstances. For each
circumstance listed, please include a brief narrative describing all relevant
facts and the nature of the potential conflict of interest.

________________________________________  ____________________________
Signature                                      Department

________________________________________
Date