

**USDA CONFIDENTIAL CONFLICT OF INTEREST  
CERTIFICATION (IN LIEU OF THE OGE-450)  
(Instructions on Reverse Side)**

**Please Print:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position/Grade**

\_\_\_\_\_  
**Duty Station/Plant/Location**

\_\_\_\_\_  
**Work Telephone**

I hereby certify that neither I, my spouse, nor any dependent child, serves as an officer, director, committee member, or employee of any business entity with whom my individual work assignment or program area does business.

I certify that neither I, my spouse, nor any dependent child, has stock, conducts business, or has other direct or indirect financial interest or liability, in any business entity with whom my individual work assignment or program area does business.

I certify that I do not know of any other matters, including family or personal relationships, as defined by §2635.502(b)(1), of the **“Standards of Ethical Conduct for Employees of the Executive Branch,”** which might give rise to an apparent or possible conflict of interest involving my present employment.

I certify that I do not perform any outside employment or activity that conflicts with my official duties.

I am aware of the prohibitions regarding gift acceptance from any business entity with whom my individual work assignment or program area does business, and I certify that I have not violated those prohibitions.

I understand my responsibility to immediately report any known or possible conflict of interest situations to my supervisor or Agency ethics advisor.

**I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**If you cannot certify or give an affirmative response to any of the statements above, contact your supervisor or Agency Ethics Advisor before signing this certification.**

**INSTRUCTIONS FOR THE USDA CONFIDENTIAL CONFLICT OF INTEREST  
CERTIFICATION (IN LIEU OF THE OGE-450)**

- A. **General Instructions:** This certification is intended to prevent conflict of interest between your duties and responsibilities and your personal financial interests.

Please complete and sign the certification if it is correct. If a previously authorized exception has been granted, please note it on the bottom of the form.

**Any changes in outside interests and activities that may result in an inaccurate certification should be reported immediately to your supervisor or the Agency Ethics Advisor.**

**NOTE:** *If you have questions concerning this certification or if you think you have a possible conflict of interest, contact your supervisor or an Agency Ethics Advisor.*

- B. **Who Must File:** Your position is designated based on the nature of your duties and assignments which require you to perform inspection, regulatory, or grading duties at a private industry establishment without continuous on-site supervision.
- C. **When to File:** You must file an annual certification, no later than October 31 each year, unless extended by your Agency. New entrant certifications are due prior to assuming a designated position, unless otherwise approved. In addition, you must file a certification prior to a change in duty assignment or program area.
- D. **Certification Coverage Period:** The certification covers the period from the signature date, to the date a new certification is signed. As stated above, any changes in outside interests and activities that may result in an inaccurate certification must be reported immediately to your supervisor or the Agency Ethics Advisor.
- E. **Definition of Terms:**

**Dependent Children:** *Means your son, daughter, stepson, stepdaughter, adopted child, or other individual if such person is supported by you in a manner that entitles you to claim an exemption allowance on your income tax return.*

**Business Entity:** *Includes a particular company's affiliate, parent, or subsidiary company.*

**Falsification of the certification or failure to file the certification may subject you to disciplinary action or other appropriate authority. Knowing and willful falsification of information required to be reported may also subject you to criminal prosecution.**

**Privacy Act Statement:**

**Title I of the Ethics In Government Act of 1978 (5 U.S.C. App.), Executive Order 12674, and 5 CFR Part 2634, Subpart I, of the Office of Government Ethics regulations require the reporting of this information. This information will be reviewed by Government officials to determine compliance with applicable Federal laws and regulations. This certification will not be disclosed to any requesting person unless authorized by law.**

**REQUEST FOR CONFLICT OF INTEREST DETERMINATION**

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Duty Station

\_\_\_\_\_  
Name of Establishment(s) where currently performing duties

**I CANNOT CERTIFY THAT I HAVE NO CONFLICT OF INTEREST BECAUSE:**

**I HAVE REVIEWED THE FORM AD-1101 AND I CERTIFY THAT, WITH THE EXCEPTION OF THE ABOVE, I AM INVOLVED IN NO OTHER SITUATION WHICH COULD PRESENT A CONFLICT OF INTEREST. THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**AGENCY DETERMINATION**

The above notice of a possible conflict of interest has been evaluated; the Agency finds:

\_\_\_\_\_ No conflict of interest exists because:

\_\_\_\_\_ A conflict of interest exists. The following corrective action must be completed by \_\_\_\_\_:

\_\_\_\_\_  
Grading Branch Chief

\_\_\_\_\_  
Agency Ethics Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date