

**LIMITED ACCESS DEATH MASTER FILE (LADMF)  
STATE OR LOCAL GOVERNMENT AUDITOR  
GENERAL (AG) OR INSPECTOR GENERAL (IG)  
SYSTEMS SAFEGUARDS ATTESTATION FORM**

*TO BE COMPLETED BY A STATE OR LOCAL GOVERNMENT AUDITOR GENERAL OR INSPECTOR GENERAL.*

NTIS FM 100B | REVISION 0.2 | DATED 11 OCTOBER 2016

**FORM INSTRUCTIONS FOR STATE AND LOCAL GOVERNMENT APPLICANTS**

PRIOR TO BEING GRANTED ACCESS TO LADMF DATA AND PRODUCTS FROM NTIS, ANY STATE OR LOCAL GOVERNMENT DEPARTMENT OR AGENCY RELYING ON AN ATTESTATION FROM A STATE OR LOCAL AG OR IG IS **REQUIRED** TO HAVE THIS FULLY COMPLETED FORM SUBMITTED BY THE AG OR IG.

1. Review the requirements for accessing and using LADMF data and products at <https://dmf.ntis.gov>.
2. The state or local AG or IG completes this form for a specific person\* applying for LADMF certification.
3. The state or local AG or IG submits this completed form directly to NTIS. NTIS will not accept Form NTIS FM100B directly from an applicant.

**SECTION 1: STATE OR LOCAL GOVERNMENT APPLICANT INFORMATION**

NAME OF APPLICANT STATE OR LOCAL GOVERNMENT DEPARTMENT OR AGENCY

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NTIS INVOICE/ORDER CONFIRMATION NUMBER FOR PROCESSING FEE:

*\*Per 15 CFR Part 1110, a "person" includes a corporation, company, association, firm, partnership, society, joint stock company, other private organization, or state or local government department or agency, or individual.*

**SECTION 2: STATE OR LOCAL GOVERNMENT AUDITOR GENERAL OR INSPECTOR GENERAL**

NAME OF ASSESSOR	E-MAIL OF ASSESSOR
AG/IG OFFICE	PHONE NUMBER

**SECTION 3: ASSESSMENT RESULTS**

An assessment of the state or local government applicant named in Section 1 was completed and based on the findings the applicant has systems, facilities and procedures in place to safeguard LADMF information as required by 15 CFR 1110.102(a)(2). This assessment was conducted on \_\_\_\_\_ [enter date of assessment], which is no more than 3 years prior to the date of the applicant's completed Form NTIS FM 161.

If this assessment was not conducted specifically or solely for the purpose of submission under 15 CFR Part 1110, describe below the nature of the assessment upon which the assessment result in this Section 3 is based (note if additional documentation is being submitted): \_\_\_\_\_

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LIMITED ACCESS DEATH MASTER FILE (LADMF)  
CERTIFICATION FOR STATE OR LOCAL GOVERNMENT  
AUDITOR GENERAL (AG) OR INSPECTOR GENERAL (IG)  
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**SECTION 4: STATE OR LOCAL GOVERNMENT AG OR IG ATTESTATION**

The undersigned State or Local Auditor General or Inspector General hereby attests that:

1. It has read and understands the regulations in 15 CFR Part 1110.
2. It will cooperate in response to any request from NTIS to verify the accuracy, veracity, and/or completeness of information received in connection with its assessment and this attestation.

By signing and submitting this form I attest that I am authorized to sign this form on behalf of the State or Local Government AG or IG identified in Section 2, that the State or Local Government AG or IG identified in Section 2 has conducted a full assessment of the LADMF systems safeguards program of the applicant identified in Section 1, and that the results are as specified in Section 3. I hereby acknowledge that any willful false attestation or statement made herein is punishable under 18 U.S.C. §1001 by fine or imprisonment of not more than five (5) years, or both.

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

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

**Email to: DMFCERT@NTIS.GOV Fax to: 703.605.6900**

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection is estimated to be 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Technical Information Service, Attn: John Hounsell, National Technical Information Service, 5301 Shawnee Rd, Alexandria, VA 22313; [jhounsell@ntis.gov](mailto:jhounsell@ntis.gov), (703-605-6184).

OMB Control No.: 0692-XXX  
Expiration Date: XX/XX/XXXX