

Bureau of Labor Statistics Pre-Release Access Certification Form

I, _____, Cooperating Representative for the State of _____, do hereby certify that all of the individuals listed in Attachment A of this certification form are authorized to have advance access to Bureau of Labor Statistics (BLS) pre-release information. I certify that the individuals listed in Attachment A have been fully informed of their responsibilities and obligations in handling and maintaining the confidentiality of pre-release information prior to its set time for release. I further certify that each of the individuals listed in Attachment A have indicated their understanding and acceptance of the conditions for access to BLS pre-release information.

BLS State Cooperating Representative

Date