



MBDA BUSINESS CENTER/BUSINESS DEVELOPMENT SPECIALIST ATTESTATION FORM

As an MBDA Business Center Program employee and/or MBDA Business Development Specialist, I attest to the truthfulness and veracity of the information and statements provided in this transaction verification form. I have seen and reviewed all verifying documentation and I certify that these documents are authentic and accurately represent the recorded transaction(s). I understand that all documentation must be kept on file and confidential within the MBDA Business Center. As an MBDA Business Center Program employee and/or MBDA Business Development Specialist, I will take all reasonable action to restrict access to client information by non-government entities. I will also take all reasonable action to ensure that client information remains confidential to the fullest extent of the law.

For non-federal employees; I understand that all information and documentation withheld in my possession or within a MBDA Business Center Program location is not subject to the Freedom of Information Act (FOIA), however, transmission of any documentation to MBDA Headquarters, Regional Office or any other federal entity becomes a part of the Agency's records and is subject to FOIA.

Print Name: _____
MBDA Business Center Program Staff/MBDA Business Development Specialist

Signature: _____
Date: _____

FOR MBDA HEADQUARTERS USE ONLY

MBDA Business Center Location:

MBDA Office of Business Development Verifying Official:

Print Name:

Signature: