



STEVENS
INSTITUTE of TECHNOLOGY
THE INNOVATION UNIVERSITY

SUPPLIER CONFLICT OF INTEREST **CERTIFICATION FORM**

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Name: _____ Identify Relationship per above (a-e): _____

CERTIFICATION

The undersigned hereby certifies that he/she has read the above CONFLICT OF INTEREST reporting requirements, and that he/she understands and is, and will, comply with these requirements as they may be applicable. The undersigned further certifies that they have the authority to certify compliance for the Supplier named below.

Supplier Name: _____

Signature: _____ Title: _____ Date: 8/11/19

Name Printed: Taylor Levine

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