NEW MEXICO DEPARTMENT OF
FINANCE & ADMINISTRATION

AGENCY CERTIFICATION FORM

New Mexico Health Insurance Exchange (Agency Name) hereby certifies the following in regard to the attached contractual agreement between the Agency and Bardacke Allison (Name of Contractor):

1) This contractor **IS/IS NOT** (circle one) a **former state employee.** (See note below)
2) This contractor **IS/IS NOT** (circle one) a **current state employee** or a **legislator** or the **family member** of a current state employee or legislator, or a **business** in which a current state employee or legislator or family member of the current state employee or legislator has an interest of greater than 20%. (See note below)

NOTE: Former employee requires a Former Employee Affidavit (found on CRB website), PERA letter if contractor retired from State of New Mexico and an AG's letter if contractor separated/retired within the last five years to the date of signed contract. No contract may be awarded to a current state employee or legislator, or to a family member of a current state employee or legislator, or to a business in which any of these persons has an interest greater than 20% unless such contract is awarded pursuant to the Procurement Code, except such persons or businesses cannot be awarded a contract through a sole source or small purchase. (See Section 10-16-1 through 10-16-18 NMSA 1978 for further information.)

3) This Contractor is a (check one): FOR PROFIT VENDOR ✓
NOT FOR PROFIT VENDOR _____

4) This PSA DOES COMPLY with the Governor's Guidelines for Contract Review and Re-Evaluation and IS an essential contract for the Agency.

_____ _____
Signature of Agency Representative** Date

I certify that the information stated in paragraphs 1-3 is true.

_____ _____
Signature of Contractor Date

**Must be a DFA authorized signature