

0.1 Company or Reporting Unit.

Name

Street Address

City, State, & Zip Code

Division or Subsidiary of (if applicable)

0.2 Reporting Unit: (Mark one.)

- A.  Business Unit comprising an entire business organization which is not divided into segments.
- B.1.  Corporate Home Office
2.  Intermediate Level Home Office
3.  Segment or business unit reporting directly to a home office.

0.3 Official to Contact Concerning this Statement.

Name and Title

Phone number (including area code and extension)

0.4 Statement Type and Effective Date:

A. (Mark type of submission. If a revision, enter number)

- (a)  Original Statement
- (b)  Revised Statement: Revision No. \_\_\_\_\_

B. Effective Date of this Statement/Revision: \_\_\_\_\_

0.5 Statement Submitted To (Provide office name, location and telephone number, include area code and extension):

- (a) Cognizant Federal Agency: \_\_\_\_\_
- (b) Cognizant Federal Auditor: \_\_\_\_\_

CERTIFICATION

I certify that to the best of my knowledge and belief this Statement, as amended in the case of a revision, is the complete and accurate disclosure as of the above date by the above-named organization of its cost accounting practices, as required by the Disclosure Regulation (48 CFR 9903.202) of the Cost Accounting Standards Board under P.L. 100-679.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

THE PENALTY FOR MAKING A FALSE STATEMENT IN THIS DISCLOSURE IS PRESCRIBED IN 18 U.S.C. § 1001