
STATEMENT OF SELF-CERTIFICATION

Section 1 — Instructions Complete Form On-Line, Print, And Sign; Or Print And Complete.

1. All applicable fields must be completed before submission to the State Controller's Office Decentralized Security Administrators.
2. This form is to be completed immediately upon accepting appointment as a Decentralized Security Designee and at least once annually thereafter.

SECTION 2 — Acknowledgement

By signing below:

We hereby certify that this office is in compliance with the restrictions and rules set forth in the PPSD Decentralized Security Program manual and the California Information Practices Act.

We further stipulate that based on our review of those individuals listed on the PSD125A, Security Authorization Form, that continued access and levels of access is appropriate.

We understand that violations of security standards/procedures may result in the loss of access to the State Controller's Office system.

Any unauthorized access used for personal gain resulting in illegal or improper payments shall be subject to administrative, criminal and/or civil action.

SECTION 3 — Agency Information

Department/Campus

Address

SECTION 4 — Security Monitor

First Name	M.I.	Last Name	Title/Position
Signature			Date

SECTION 5 — Authorizing Official

First Name	M.I.	Last Name	Title/Position
Signature			Date
