



## ADM-FORM-02 Conflict of Interest (COI)

*Instructions: In compliance with INCOSE Policy ADM-101, we are asking that you, as an INCOSE leader complete this COI form and return to [ops\\_mgr@incose.net](mailto:ops_mgr@incose.net).*

### Statement of Compliance:

Subject: Statement of Compliance with INCOSE ADM-101: Conflict of Interest  
<http://www.incose.org/docs/default-source/policiesbylaws/adm-101.pdf?sfvrsn=14>

I have read the referenced document, and I am fully in compliance with the letter and spirit of the Conflict-of-Interest policy. As an INCOSE Leader, I will ensure that the intent and spirit of policy ADM-101 continue to be complied with, by both my company and me.

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**INCOSE Title / Position**

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**Name (Print)**

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**Phone Number**

**E-mail Address**

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**Name of Company/Employer/Agency/Assignee**

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**Signature\***

**Date**

\*Please note: This form is set up to accept digital signatures. If you do not have access to a digital signature, please print the form, sign it manually and then scan and submit the signed copy electronically

Direct questions to: [ops\\_mgr@incose.net](mailto:ops_mgr@incose.net)

**Previous versions of this form may not be used.**