

Data Authentication Statement

NFDA Certification Program – January 2013

I,	, the unde	ersigned individu	al, intending to be legally bound, do hereby
	rm the following facts:		
	I am currently employed by (job title).		("Company") where I serve as
_		•	those individuals who completed, the data extract Program as described in the NFDA's Technical
3. to any	The Sample Set provided to to individual record.	he Independent A	Auditor was extracted without alteration or cleanup
4. provi	· ·		signed to the file containing the Sample Set
5.	I make these statements in good faith, without mental reservation or purpose of evasion.		
 Name	e (Printed)		
(signature)		(date)	
Comp	pany Name		