

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

• To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

http://www.homelandsecurity.ohio.gov/dma/dma.asp

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038).
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.
- Department of Public Safety Divisions:

Administration
Ohio Bureau of Motor Vehicles
Ohio Emergency Management Agency
Ohio Emergency Medical Services

Ohio Homeland Security*
Ohio Investigative Unit
Ohio Criminal Justice Services
Ohio State Highway Patrol

 * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

*********	FOR	INSTR	RUCTIONA	L USE	ONLY	****************
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OHIO DEPARTMENT OF PUBLIC SAFETY DIVISION OF HOMELAND SECURITY http://www.homelandsecurity.ohio.gov

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

This form serves as a declaration by an applicant for a government contract or funding of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME	FIRS	T NAME			MI	
HOME ADDRESS	<u> </u>					
CITY	STATE	ZIP		COUNTY		
HOME PHONE WORK PHONE						
COMPLETE THIS SECTION ONLY IF Y	OU ARE A COMP	ANY, BUSINESS C		ZATION		
BUSINESS/ORGANIZATION NAME			PHONE			
BUSINESS ADDRESS						
CITY	STATE	ZIP		COUNTY		
BUSINESS/ORGANIZATION REPRESENTATIVE	NAME	I	TIT	I TLE		
DECLARATION In accordance with section 2909.32 (A)(2)(b) of the section question, indicate either "yes," or "no" in the section 2909.32 (A)(2)(b) of the section 2909			to the best of y	our knowledge.		
1. Are you a member of an organization on the U.					Yes	☐ No
Have you used any position of prominence you Department of State Terrorist Exclusion List?	have with any country	to persuade others to su	ıpport an organi	ization on the U.S.	Yes	☐ No
3. Have you knowingly solicited funds or other thin List?	ngs of value for an orga	nization on the U.S. Dep	partment of Stat	e Terrorist Exclusion	Yes	— ∏ No
4. Have you solicited any individual for membersh	ip in an organization or	the U.S. Department of	f State Terrorist	Exclusion List?		
5. Have you committed an act that you know, or re	,	known, affords "materia	I support or reso	ources" to an	Yes	No
organization on the U.S. Department of State T 6. Have you hired or compensated a person you have a p		f an arganization on the	II C Danarima	nt of Ctata Tarrariat	Yes	☐ No
Exclusion List, or a person you knew to be eng				ill of State Terrorist	Yes	☐ No
If an applicant is prohibited from receiving a government of Public Safety to review the prohibition						

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above on of this declaration.

l x	APPLICANT SIGNATURE	DATE
A .	X	