



**Conflict of Interest (COI) Certificate**

**Instructions**

**Who must submit this form?**

1. All employees must complete a Conflict of Interest (COI) Certificate every two years as part of the required Ethics training.
2. A new employee must submit an initial COI Certificate as part of the employment process.
3. An employee must submit a new COI Certificate any time information previously disclosed in a COI Certificate changes.
4. Employees in the following senior management and advisor positions must submit a COI Certificate each year: the Laboratory Director, Deputy Director, Executive Director, Principal Associate Directors, Associate Directors, General Counsel, Chief Financial Officer, Chief Information Officer, Ethics and Audit Director, Community Programs Office Director, Prime Contract Management Office Director, LANS LLC Executive Staff Director, Richard P. Feynman Center For Innovation Division Leader, Acquisition Services Management Division Leader, Benefits Plan Administrator in HR-Benefits, attorneys in Laboratory Counsel, and ASM Procurement personnel.
5. An employee who is transferred or promoted to a position that requires an annual COI Certificate, as discussed in No. 4, above, must submit a new COI Certificate within 30 business days of assuming the new duties.
6. Any other employee, upon request of a supervisor/manager in order to identify and evaluate potential conflict of interest issues, must submit a new COI Certificate within 10 business days after receiving the request of the supervisor/manager.

**How to submit the form**

Employees should submit the **completed and signed** COI Certificate electronically to EA-Ethics by selecting the “submit” button at end of this form. Submitting the form electronically requires the use of [Entrust](#) digital signature. If you do not have Entrust installed on your computer, and your form is submitted electrically unsigned, your form will be rejected.

If you are not completing this form online, you may submit a hard copy to EA-Ethics at Mailstop D449, Fax 665-3664, or email to [coi@lanl.gov](mailto:coi@lanl.gov).

**Questions**

If you have questions about completing this form, call EA-Ethics at 667-7506, or email [coi@lanl.gov](mailto:coi@lanl.gov).

**Definitions**

For definitions and additional information, see [P723](#), *Conflicts of Interest*.

**Additional Resources**

[Code of Conduct](#)

| Employee Name | Z No. | Job Title | Org | Mail Stop | Phone |
|---------------|-------|-----------|-----|-----------|-------|
|---------------|-------|-----------|-----|-----------|-------|

**Reason(s) for submitting this form:**

- COI Certificate for new employee   
  Promotion or transfer to a position requiring an annual COI Certificate  
 Annual/Biennial COI Certificate   
  Report fact changes   
  Other: \_\_\_\_\_

**Please answer the following questions**

1. Are you engaged in an outside activity (see [P723](#), *Conflicts of Interest*)?  
 Note: An outside activity is a professional or business activity conducted outside the normal course and scope of your Laboratory job function.

Yes     No

If answered Yes, provide explanation of activity and relevant information:

2.a. Do you or your spouse/domestic partner have a significant financial interest<sup>1</sup> in, management responsibility<sup>2</sup> for, or an outside activity (see [P723, Conflicts of Interest](#)) with any company or sole proprietorship that does or seeks to do business with LANS/LANL (e.g. subcontract, WFO agreement, etc.) or has or seeks an intellectual property license from LANS/LANL or DOE?

Yes  No (**Note: If you answered Yes, answer the following question 2b.**)

2.b. As part of your LANL duties, do you supervise, give work direction to, or evaluate the performance of any employee of this company or sole proprietorship?

Yes  No

If answered Yes, list names of company/sole proprietorship and employee:

3. Do you have a near relative (*spouse/domestic partner, child, step-child, sibling, parent, or in-law*) or other member of your household who is? (*check all that apply*):

- An employee of LANS/LANL whom you supervise
- An employee of LANS/LANL who works in the same directorate, division, or group as you
- An employee, director, representative, owner, or part-owner of any company that does business with LANS/LANL, seeks to do business with LANS/LANL, or has an intellectual property license from LANS/LANL
- An employee of DOE/NNSA or any DOE Contractor in Los Alamos other than LANS/LANL
- None of the above

If you checked a box other than "none of the above," provide employee name, company/group name, and relationship:

4. Do you have a close personal relationship that could raise concerns of a possible bias or conflict of interest?

Yes  No

If you answered Yes, please check one of the following boxes:

- An employee of LANS/LANL
- An employee, director, representative, owner, or part-owner of a company that does business with or seeks to do business with LANS/LANL
- An employee of DOE/NNSA or any DOE Contractor in Los Alamos (other than LANS/LANL)
- Other: \_\_\_\_\_

If you checked Yes, provide employee name, company/group name, and relationship to you:

<sup>1</sup>"Significant financial interest" means an ownership interest that exceeds 10% of an entity and has a market value in excess of \$10,000. But the term does not apply to insurance policies, bank accounts, or credit union accounts.

<sup>2</sup>"Management responsibility" includes, but is not limited to, serving on a Board of Directors.

5. Have you received any gifts, gratuities, or personal favors directly or indirectly from an existing or prospective LANS subcontractor or business partner?

Yes     No

If you checked Yes, provide name of subcontractor or business partner and explain:

6. In addition to being an employee of LANS/LANL, please indicate whether you also are an employee of, or receive additional compensation of any nature directly from, any of the following LANS, LLC Member entities:

- Bechtel
- University of California
- The Babcock and Wilcox Company
- URS Corporation
- None of the above

If you checked a box other than "none of the above," provide explanation:

7. Do you know of any other facts or circumstances that could lead to a conflict, or the appearance of a conflict, between your responsibilities as a LANS/LANL employee and other personal interests?

Yes     No

If you checked Yes, provide relevant facts:

**Certification**

I certify that I have answered all questions accurately and completely. To the best of my knowledge and belief, I have disclosed all facts that could cause a conflict, or an appearance of a conflict, between my responsibilities as a LANS employee and my personal interests or personal interests of a near relative.

I understand that I must submit an updated Form 1990 any time facts arise that would change the answers I have provided in this form, including any new facts that could create a conflict of interest or the appearance of a conflict of interest.

I have read and understand LANL's Code of Conduct. I agree to comply with the Code of Conduct and all of LANL's policies. If I become aware of an actual or potential violation of the Code of Conduct (regardless of when it occurred), I will immediately report it to my manager or EA-Ethics. Furthermore, I will cooperate with any investigation related to the Code of Conduct, including those arising from responses to this Certification form. I understand that failure to cooperate in any such investigation will subject me to possible disciplinary action, including termination.

|                    |      |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|

**EA-Ethics Determination**

|   |                                |          |      |
|---|--------------------------------|----------|------|
| <input type="checkbox"/> COI Certificate reviewed |                                |          |      |
| EA-Ethics ( <i>type or print</i> )                | EA-Ethics ( <i>signature</i> ) | Z Number | Date |

|  |
|--|
| EA-Ethics Use Only – Documentation of follow up action |
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If you are unable to electronically sign this document, by selecting the "submit" button you are certifying to the contents of this Form 1990.