**[COPY INFORMATION BELOW ONTO THE ENTITY'S CORPORATE LETTERHEAD AND COMPLETE THE REQUIRED INFORMATION. RETURN EXECUTED COPY TO THE ERO SECURE EVIDENCE LOCKER (SEL) WITH THE INITIAL SUBMISSION OF THE COMPLETED ENGAGEMENT PACKAGE. IF YOU DO NOT KNOW THE MRRE GROUP NAME OR GROUP NUMBER, PLEASE REFER TO ALIGN OR CONTACT TEXASRE. IF YOU ARE NOT IN COORDINATED OVERSIGHT DELETE THE ROWS OR PUT "N/A".]**

**Self-Certification Information**

| **MRRE Group Name (if applicable):** |  |
| --- | --- |
| **MRRE Group Number (if applicable):** |  |
| **Registered Entity Name:**  |  |
| **Registered Entity NCR Number:**  |  |

 **CERTIFICATION**

 I, [AUTHORIZED PERSON'S NAME], certify that I am the [AUTHORIZED PERSON'S TITLE], [ENTITY NAME/MRRE NAME]; that I am authorized to execute this Certification; that I am familiar with the responses of [ENTITY NAME/MRRE NAME] to the Self-Certification fields in Align and the upload of evidence to the SEL in connection with the Self-Certification of [ENTITY NAME/MRRE NAME]; that, to the best of my knowledge and belief, the statements and supporting documents included in the response are true and correct as of the date of signing and will be updated on a continuing basis until final resolution of the Self-Certification.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE

[AUTHORIZED PERSON'S NAME]

[AUTHORIZED PERSON'S TITLE]

 [ENTITY NAME/MRRE NAME]

 [CONTACT INFO - EMAIL, PHONE]

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE