

E. DISCLOSURE	
E.1. Date Contractor Learned of Potential Violation:	
E.2. Description of Violation:	
	<input type="checkbox"/> Check box if additional information on page 5, Section H.
E.3. Safety or Operational Hazards:	
E.3.1. Measures Taken to Mitigate Safety or Operational Hazards:	
E.4. Estimated Financial Impact to the Government:	\$
OVERPAYMENTS	
F.1. Did an Overpayment Occur?	
F.2. Estimated Amount of Overpayment (if applicable):	\$
COMPANY INTERNAL INVESTIGATION	
G.1. Has an Investigation Been Conducted?	
G.2. Description of the Scope of the Investigation	
	<input type="checkbox"/> Check box if additional information on page 5, Section H.
G.3. Is the Company Willing to Provide a Copy of the Investigative Report?	
G.4. Measures Taken to Prevent Recurrence:	
	<input type="checkbox"/> Check box if additional information on page 5, Section H.

H. Additional Information:

ACKNOWLEDGMENTS

I STATE THAT THIS CONTRACTOR SELF-DISCLOSURE SUBMISSION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AS OF THE DATE OF ITS SUBMISSION.

Name:

Signature:

Date: