

Appendix F



**Wyoming Department of Agriculture
Conflict of Interest and Affiliation Disclosure**

My signature affixed below confirms that I have read and understand the Department of Agriculture’s Code of Ethics Policy regarding conflict of interest and the State of Wyoming Personnel Rules regarding conflict of interest, and that I have reviewed and discussed the policies with my Supervisor.

In addition, I certify that I have listed below all of my “affiliations” as defined in the policies that have the potential to create conflicts of interest. Finally, by signing this document I agree to update this listing as necessary to report any and all affiliations having the potential to create conflicts of interest.

Signature: _____

Title: _____

Date: _____