[Company]

[Title]

[Date]

State Contract Manager

CWDS-CARES

2870 Gateway Oaks Dr.

Sacramento, CA 95833

State Contract Manager,

I, [First/Last Name], as an authorized representative of [Company], referred to herein as “Contractor,” certify that the following is true and correct.

Pursuant to the terms of agreement number [NUMBER] with the Office of Systems Integration, Contractor has conducted a thorough background check of [NAME OF WORKER], evaluated the results, and determined that there is no indication that [NAME OF WORKER] may present a risk to the security or integrity of the State’s information technology systems or the data residing therein.

Any inquiries can be sent to [email address].

Sincerely,

[Name]