

**Please Print, sign, and either fax or mail to IMS at:  
Fax: (415) 472 - 4206  
454 Las Gallinas Ave., PMB #287  
San Rafael, Ca. 94903-3618**

I certify that I do not currently or have ever been involved in drug or alcohol abuse. I have no history of mental disability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

There are no prior or pending malpractice suits or dispositions and I authorize the release of any information required by the government contracting offices.

Signature \_\_\_\_\_ Date \_\_\_\_\_