

COUNTY EMPLOYEES WISHING to REGISTER as COUNTY VENDORS

Please submit the following information by mail, fax, or email to:

The Commission on Ethics & Public Trust	Phone: (305) 579-2594
19 West Flagler St., Suite 820	Fax: (305) 579-0273
Miami, FL 33130	Email: ethics@miamidade.gov
Employee's Name	
Employee's Dept.	
Business Name	
Type of Business	
Employee's Mailing Address	
Employee's Daytime Phone	
Employee's Preferred Email	
Immediate Family Members (Please list the names, titles, and departments of any immediate fam. County)	nily members currently employed by Miami-Dade
 The Miami-Dade County Conflict of Interest & Code of Ethics at §2 the County in certain circumstances and if the following criteria are of these criteria: Entering into a contract with the County will not interfere very County. I will not participate in determining the contract requirement I will not participate in awarding the contract. My job responsibilities and job description will not require including, but not limited to, its enforcement, oversight, addresserance. I will not be working in the County department that enforce I have read these requirements and pledge to abide by them. 	met. Please confirm that you will be able to meet all with the full and faithful discharge of my duties to the ats. me to be involved in the contract in any way ministration, amendment, extension, termination, or
Signature	Date

Your ethics opinion will be sent to you by first class mail & email, unless you request another type of delivery.