

MANAGEMENT CONTROL EVALUATION CERTIFICATION STATEMENT For use of this form, see AR 11-2; the proponent agency is ASA(FM).		1. REGULATION NUMBER
		2. DATE OF REGULATION
3. ASSESSABLE UNIT		
4. FUNCTION		
5. METHOD OF EVALUATION (<i>Check one</i>)		
<input type="checkbox"/> a. CHECKLIST		<input type="checkbox"/> b. ALTERNATIVE METHOD (<i>Indicate method</i>)
APPENDIX (<i>Enter appropriate letter</i>)		
6. EVALUATION CONDUCTED BY		
a. NAME (<i>Last, First, MI</i>)		b. DATE OF EVALUATION
7. REMARKS (<i>Continue on reverse or use additional sheets of plain paper</i>)		
8. CERTIFICATION		
I certify that the key management controls in this function have been evaluated in accordance with provisions of AR 11-2, Management Control. I also certify that corrective action has been initiated to resolve any deficiencies detected. These deficiencies and corrective actions (<i>if any</i>) are described above or in attached documentation. This certification statement and any supporting documentation will be retained on file subject to audit/inspection until superseded by a subsequent management control evaluation.		
a. ASSESSABLE UNIT MANAGER		
(1) TYPED NAME AND TITLE		b. DATE CERTIFIED
(2) SIGNATURE		

7. REMARKS (Continued)