



U.S. House of Representatives

COMMITTEE ON ETHICS

OUTSIDE POSITION WAIVER REQUEST

This form should be submitted by House Members seeking a waiver of Section IX of the Committee’s Outside Positions Regulations (OPR). Waivers will be approved only in exceptional circumstances, pursuant to the OPR. Please complete this form and submit it along with additional supporting documents and/or information to the Committee at 1015 Longworth House Office Building, or e-mail to ethicscommittee@mail.house.gov. Please be advised that the Committee’s response will be made available to the public.

1. Member’s Name: _____
2. Staff point of contact name: _____
3. Staff contact information (e-mail address, office address, telephone number):

4. Name of entity for which you are an officer or director: _____
5. Title of position with entity for which you are an officer or director (e.g., Treasurer, CEO) and approximate start date: _____
6. Please describe your duties as an officer or director for the entity:

7. Contact person and phone number for entity for which you are an officer or director:

8. Tax status of entity for which you are an officer or director (e.g., IRC § 501(c)(4)): _____
9. Yes No Will the entity for which you serve as an officer or director face demonstrable and specific, imminent, emergent, or dire consequences if you were to step down from the position?
If yes, please explain: _____

10. Yes No Do the articles of incorporation or similar document establishing the entity specify that you are the only party who is legally able to serve in your position?
If yes, please explain and include documentation: _____

11. Yes No Are there other factors the Committee should consider in determining whether exceptional circumstances exist, such that the Committee should grant a waiver?
If yes, please explain: _____

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____