

**CALIFORNIA DEPARTMENT OF TECHNOLOGY
AGENCY INFORMATION MANAGEMENT STRATEGY
ANNUAL CERTIFICATION**

DATE: _____

TO: California Department of Technology

FROM: _____

SUBJECT: AGENCY INFORMATION MANAGEMENT STRATEGY -- ANNUAL
CERTIFICATION

I certify that I am the Director (or Director's designee) of the _____,
and that there have been no changes, or only insignificant changes, to my agency's Agency
Information Management Strategy since it was last submitted to the Technology Agency on
_____.

Please contact _____ at _____
for additional information concerning our information management plans.

Date

X

Signature of Director or Designee