

**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 *(Check one)*

a. CHECKLIST

b. ALTERNATIVE METHOD *(Indicate method)*

APPENDIX *(Enter appropriate letter)*

6. EVALUATION CONDUCTED BY

a. NAME *(Last, First, MI)*

b. DATE OF EVALUATION

7. REMARKS *(Continue on reverse or use additional sheets of plain paper)*

8. CERTIFICATION

I certify that the key management controls in this function have been evaluated in accordance with provisions of AR 11-2, Army Management Control Process. I also certify that corrective action has been initiated to resolve any deficiencies detected. These deficiencies and corrective actions *(if any)* are described below 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certification statement and any supporting documentation will be retained on file subject to audit/inspection until superseded by a subsequent management control evaluation.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