

# Certificate of Compliance

## DIGITAL IMAGING STANDARDS for Public Records

Signed certificate  
should be sent to:

**Connecticut State Library  
Office of the Public Records  
Administrator  
231 Capitol Avenue  
Hartford, CT 06106**

We certify that we meet the digital imaging requirements established by the Office of the Public Records Administrator as specified in General Letter #2001-1.

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Name and address of State Agency / Municipality

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Name of Digitization System

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Name and address of Vendor company *or* In-house Operation

**Agency Records Management Liaison Officer (RMLO) / Records Custodian of Municipality**

\_\_\_\_\_  
Name (*type or print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Information Technology representative of Agency / Municipality**

\_\_\_\_\_  
Name (*type or print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorizing Vendor / Authorized Individual for in-house operation**

\_\_\_\_\_  
Name (*type or print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approved by Public Records Administrator**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPROVED  
CERTIFICATE WILL BE  
RETURNED TO AGENCY /  
MUNICIPALITY