

STATE OF RHODE ISLAND

Office of Public Information
Rhode Island Department of State
State House, Room 38
Providence, RI 02903

CERTIFICATE OF ENGAGEMENT

Certificate to be filled out and delivered to the Secretary of State within THIRTY (30) DAYS after the date of Commission pursuant to § 36-1-4 of the General Laws of Rhode Island. Please type or print.

| | |
|---|--|
| Name: | |
| Elected or Appointed Office: | |
| Board: | |
| Statutory Authority for the Board/Establishing Legislation: | |
| Appointing Authority: (i.e. Governor) | |
| Date of Appointment: | |
| Expiration of Term: | |
| Person Replaced: | |
| Duties and Responsibilities: | |

I, _____ hereby make oath to support the Constitution and Laws of this State, and the Constitution of the United States, and faithfully and impartially to discharge according to the best of my abilities the duties of the above referenced office.

Signed: _____

Address: _____

Telephone: _____

Dated: _____

State of Rhode Island

County of _____

Subscribed and sworn to before me, this ____ day of _____, 20__.

Notary Public

My commission expires on _____