



COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEALTH

SALES REPRESENTATIVES ATTESTATION FORM

I acknowledge that I have received a copy of [DMH Policy 306.07, Sales Representatives and Solicitors](#) and understand that it is my responsibility to maintain the most current copy of this policy.

By signing below, I attest to my compliance with the rules and regulations set forth in DMH Policy 306.07.

Print Name

Signature

Affiliated Company/Vendor

Date