

**#4 Attachment 4  
Home Office Certification**

Agency Name and Agency Code:
Name of Employee:
Title of Employee:
Social Security Number/SPS I.D.#

I hereby certify the following: **Employee must meet A & B to qualify**

**A. I have a qualified home office that meets ALL of the following four requirements:**

1. Exclusive use: it is a specific area of my home used only for business or trade and I have that area as a home office for the convenience of the State;
2. Regular use: it is used on a regular and continuing basis;
3. Use for trade or business: it is used in connection with trade or business; and
4. The home office is at least one of the following:
  - (a) My principal place of business, where I do the administrative or management activities of the State's business because there is no other fixed location where I conduct substantial administrative or management of the State's business);  
or
  - (b) The place where I meet and deal with clients or customers in the normal course of your trade; or
  - (c) A separate structure used in connection with my trade.

**AND**

**B** I regularly use the State vehicle assigned to me solely to travel from my home office to other work locations in the course of my duties as a State employee.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of this certification are true.

Signature:
Date: