The undersigned has been approved. Click the right box(s).

LPA Staff Negotiator

Negotiator  Relocation Specialist

FEE Appraiser  Review Appraiser

I agree to the following:

1. I know where to find and have access to the Local Program (LP) Real Estate (RE) website. (<http://wisconsindot.gov/Pages/doing-bus/local-gov/astnce-pgms/aid/lpa-re-info.aspx>)
2. I am familiar with the Real Estate Program Manual (REPM) and the Local Program Real Estate (LP REM) Manual.
3. I am aware that the official versions are found on the LP RE website.
4. I must maintain current knowledge of WisDOT policy, procedures, and requirements. WisDOT will offer periodic seminars and webinars. I am expected to attend (in-person or virtually) whenever possible. I agree to RSVP to invitations to these events either with acceptance or denial. If I am unable to attend, I agree to fulfill training requirements by viewing or listening to posted presentation found on the LP RE website. See LP RE Manual, Section 1.10 Continuing Education/Expertise for details.
5. I understand that the regional LPREPM will perform an evaluation on my work upon Certification 1 status. The LPREPM will share the evaluation with me and the LPA. See LP RE Manual, Section 1.11 LPA Staff / Consultant Performance for details.
6. As part of my work, WisDOT or the LPA may from time to time disclose confidential information to me relating to real estate acquisition projects. I may soley sue all such confidential information only as necessary to perform work on behalf of WisDOT and/or the LPA. Confidential information may include, without limitation, records containing personally identifiable information collected from or about property owners and/or their tenants or public individuals or companies, as well as inquiries from the public on surplus lands. This information may include, but is not limited to, confidential information defined by Wis. Stat. § 19.35(1)(am)1. Other confidential information may include internal communications as part of performing tasks. By executing this acknowledgement, I hereby expressly agree to maintain all such information as confidential and to not disclose such information to anyone other than those individuals authorized via their employment with WisDOT, the LPA and/or with the Wis. Dept. of Justice.

**APPLICANT ACKNOWLEDGEMENT**

Click or tap to enter a date.

Signature Date

Enter name

Print Name