



South Carolina State Fiscal Accountability Authority  
Information Technology Management Office

Right to Represent

Date: 06/01/2018

Name: LYNN SMITH

To Whom It May Concern,

I, LYNN SMITH, Consultant Personal ID 9809

(Last 4 digits of S.S.N no) do hereby give exclusive authorization to **Solomon's International LLC** to submit and represent me at **The State of South Carolina** for Requisition Number **SC 8074-1 Position**.

I have not and will not give any entity, firm and/or agency the right to submit my qualifications or represent me in any way for this specified position.

I understand that signing multiple letters of representation with different firms for the same State of South Carolina job requisition will result in automatic disqualification on my candidacy for the identified requisition and may possibly affect any future applications to requisitions posted by the State of SC MSP program.

Sincerely,

Consultant Signature (must be consultant's original signature)

Consultant Name: LYNN SMITH

Consultant Email (not the supplier's email): LSMITH3H@GMAIL.COM

Consultant Phone (not the supplier's phone): 602-540-6871

\*\*\* Please Note: You may send this notice electronically once the original signature has been obtained. Signature must be obtained prior to submitting for a request

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