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Entity Information

OASIS Open Projects: Entity Contributor License Agreement

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*** (required) Organization's Full Legal Name:**

The Office of Biometric Identity Management (OBIM)

*** (required) Mailing Street**

1616 Fort Myer Drive

*** (required) Mailing City**

Arlington

*** (required) Mailing State**

VA

*** (required) Mailing Zip/Postal Code**

22209

*** (required) Mailing Country**

USA

Name of organization's representative (person to be used for communications between OASIS and the organization regarding this Entity CLA).

*** (required) First Name**

Taraneh

*** (required) Last Name**

Etemadi

*** (required) Email Address**

Taraneh.Etemadi@OBIM.DHS.GOV

Project Information

Name of the Open Project to be covered by this Entity CLA. If no project is listed, this ECLA will be assumed to apply to any project in which your designated employees or representatives participate.

*** (required) OASIS Open Project Title:**

National Information Exchange Model (NIEM) Open Project



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You agree to promptly notify OASIS by email to open-projects-cla@oasis-open.org (<mailto:open-projects-cla@oasis-open.org>) if you become aware of any facts, changes or circumstances that would make your commitments and statements in this Entity CLA inaccurate in any way, or if you wish to withdraw from this CLA.

Processing this CLA

You may submit this CLA request by clicking the "Submit" button below. You should then receive an email message from [open-projects-cla@oasis-open.org \(mailto:open-projects-cla@oasis-open.org\)](mailto:open-projects-cla@oasis-open.org) with the subject line "OASIS Open Projects: CLA Confirmation" confirming that the information you submitted has been received. Questions may be submitted directly to OASIS Open Project Administration Staff at any time: send general questions to [open-projects-admin@oasis-open.org \(mailto:open-projects-admin@oasis-open.org\)](mailto:open-projects-admin@oasis-open.org) and CLA-related questions to [open-projects-cla@oasis-open.org \(mailto:open-projects-cla@oasis-open.org\)](mailto:open-projects-cla@oasis-open.org)

Alternate Submission via this PDF form:

This form must be sign by an authorized representative of the entity named and emailed to open-projects-cla@oasis-open.org. Your submitted form data will be entered into the electronic records and processing as indicated above.

Approving Signature for submitting organization

Name: Taraneh Etemadi

Date: 11/2/2022
