

**ARIZONA DIVISION OF EMERGENCY MANAGEMENT
DESIGNATION OF APPLICANT'S AGENT FORM**

The intent of this **DESIGNATION** is to appoint an **APPLICANT'S AGENT** for the following term:

- For PCA No. _____ only For the period of ____ to ____ Until further notice
 Until further notice for HAZMAT incident For HMA Year/DR# _____ only.

Applicant Name: _____

CERTIFICATION

I, _____, duly appointed and _____ of
(Authorizing Official's Name) (Title)

_____, do hereby certify that the information below is true
(Applicant Name)

and correct, based on a resolution passed and approved by the _____
(Governing Body)

of _____ on the _____ day of _____,
(Applicant Name) (day) (month) (year)

_____ has been designated as the Applicant Agent
(Name of Designated Applicant Agent)

to act on behalf of _____ .
(Applicant Name)

(Authorizing Official's Signature) (Title) (Date)

Designated Applicant's Agent

Name _____

Title/Official Position _____

Mailing Address _____

City, State, Zip _____

Daytime Telephone Number _____ Fax _____
(Please include area code and extension if not a direct number)

E-mail Address _____ Pager/Cell _____

For ADEM Use Only

Received By: _____
(Initials & Date)

July 2000

Form # AZ PA 204-4