AUTHORIZED REPRESENTATIVES

I. LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

_____
Name of Organization

_____
Street Address/Location (if different from mailing address)

_____ (____) _____ (____) _____
County Telephone # Fax #

II. THE FOLLOWING REPRESENTATIVES ARE DESIGNATED TO:

A. Represent Donee Organization as its authorized agent; and

B. Acquire Federal surplus property on behalf of the Donee Organization; and

C. Obligate necessary Donee Organization funds for this purpose; and

D. Execute Distribution Documents binding the Donee Organization to the terms conditions, reservations, and restrictions applying to Property obtained through the agency.

III. _____NEW DESIGNATIONS ONLY _____ ADDITIONAL DESIGNATIONS

(Delete all previous authorizations) *(Add to previous authorizations)*

IV. REPRESENTATIVES:

Name (Please Print)	*Title (Please Print)*	*Signature*

V. CERTIFICATION

_____ _____
(Authorized Official Please Print) *Signature of Authorized Official*

_____ _____
Date *Title*