



Authorized Agent Form - 01A

AUTHORIZED AGENT FORM

I hereby designate _____
(agent's name- print)

of _____
(agent's business name - print)

to serve as the Authorized Agent for my company: _____

(applicant or permitted company's name - print)

at _____
(facility name(s) - print)

in dealing with the Santa Barbara County Air Pollution Control District (APCD) in matters regarding (check as appropriate):

- | | |
|--|---|
| <input type="checkbox"/> Permitting | <input type="checkbox"/> Billing |
| <input type="checkbox"/> Air Toxics/HRA | <input type="checkbox"/> Source Testing |
| <input type="checkbox"/> Inspections and permit compliance | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Other (state purpose): _____ | |

This Designation includes written correspondence, telephone discussions and meetings and shall remain in effect until it is suspended in writing by my company or the following date: _____ whichever is earlier.

As a designated Responsible Official, I hereby authorize the above mentioned agent to represent my company in the matters identified above:

Name (print)	
Title	
Phone	
Address	
City, State, ZIP	
Signature	

APCD-01A (9/2011)