

**San Diego County  
Air Pollution Control District Hearing Board**

**AGENT'S AUTHORIZATION**

If someone other than the Petitioner's or Respondent's officers, authorized employees, or attorney will represent the Petitioner or Respondent before the Hearing Board, this Agent's Authorization form must be signed by an officer or authorized employee of the Petitioner or Respondent.

\_\_\_\_\_  
Name of Agent

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

is hereby authorized to act as my agent for Hearing Board Petition Number \_\_\_\_\_

As such, this agent may testify on my behalf, submit required information, commit me to conditions ordered by the Hearing Board, and otherwise represent me during all aspects of the Hearing Board process.

\_\_\_\_\_  
Name of Petitioner or Respondent (organization or facility)

\_\_\_\_\_  
Name and Title of Officer or Authorized Employee

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Officer or Authorized Employee

\_\_\_\_\_  
Date