

**ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS
DESIGNATION OF ALTERNATE APPLICANT'S AUTHORIZED REPRESENTATIVE FORM**

The intent of this **DESIGNATION** is to appoint an ALTERNATE APPLICANT'S AUTHORIZED REPRESENTATIVE for the following:

Select program(s) Public Assistance HMA Mitigation Program SEC Mitigation

Select duration Until further notice Only Event _____ From _____ to _____

Applicant: _____

CERTIFICATION

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

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

based on a resolution passed and approved (**attached**) by the _____
(Governing Body)

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

_____ has been designated as the Alternate Applicant's Authorized
(Name of Designated Alternate Applicant's Authorized Representative)

Representative to act on behalf of _____.
(Applicant)

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

*This document **MUST** be accompanied by a copy of the Resolution or Meeting Minutes by your governing board which designated the Alternate Applicant's Authorized Representative.*

Designated Alternate Applicant's Authorized Representative

Name _____

Title/Official Position _____

Full Mailing Address _____

Email Address _____

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

For DEMA Use Only

Received By: _____
(Initials & Date)

November 2023

Form #AZ PA 204-4