

# ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS DESIGNATION OF APPLICANT'S AGENT FORM

The intent of this **DESIGNATION** is to appoint an **APPLICANT'S AGENT** 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 Applicant's Agent  
(Name of Designated Applicant's Agent)

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 Applicant's Agent.*

## Designated Applicant's Agent

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)

March 2020

Form #AZ PA 204-4