



One Capitol Mall, Suite 320
Sacramento, CA 95814
Email: camtc@amgroup.us
Or
Fax (916) 669-5337

Instructions for authorizing a representative: In order for a person other than the applicant or certificate holder to speak with or email CAMTC staff on the applicant's/certificate holder's behalf, the applicant or certificate holder must sign and submit the form below. If you choose to do so, please complete the form, date and sign, and print your full exact name below your signature. Once completed, dated and signed, please fax or scan/email the completed form to the email address or fax number on the letterhead above.

I, _____, CAMTC ID Number _____, hereby authorize _____ (hereafter "Representative") to communicate with CAMTC on my behalf in relation to my application, certification, and any and all issues related to my CAMTC application or certification. I further authorize CAMTC to share any and all documents and information related in any way to me and my application for CAMTC certification or my CAMTC certificate with my Representative. This authorization shall remain in full force and effect until I notify CAMTC in writing that it has been rescinded.

(DATE)

(SIGNATURE)

(PRINT FULL/EXACT NAME)