



AUTHORIZED SIGNERS AND LICENSING INFORMATION

Date: _____

Contractor: _____

License Types and Numbers:

1	State Issued	
	Classification	License Number
2	State Issued	
	Classification	License Number
3	State Issued	
	Classification	License Number
4	State Issued	
	Classification	License Number
5	MCAQD*	License Number
6	TPT *	License Number

*attach copy of current Dust Control and Sales Tax License

Authorized Signers

The following people are authorized by this company to sign Contracts, Change Orders, Lien Waivers and/or Pickup Checks on behalf of this company. (Please write "none" on any unused lines, **designate which documents/items they are authorized to do on behalf of your company**)

Authorized Signers:	Title	A	S	C	L	C
			C	O	W	
_____	_____					
_____	_____					
_____	_____					
_____	_____					
_____	_____					
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_____	_____					
_____	_____					
_____	_____					
_____	_____					
_____	_____					
_____	_____					

A = All; SC = Subcontract; CO = Change Orders; LW – Lien Waivers; C = Pick Up Checks Only

If additional space is needed, please attach a separate sheet.

Signed: _____ Date: _____

Corporate Officer Position Held: _____