



Authorized Agent Form Application Form -01A

Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110-1315

I hereby designate:

Agent's Name (print)	
Agent's Business Name	
Agent's Phone Number	
Agent's Email	
Agent's Address	
City, State, Zip	

to serve as the Authorized Agent for my company:

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(applicant or permitted company's name - print)

at

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(facility name(s) - print)

in dealing with the Santa Barbara County Air Pollution Control District (APCD) in matters regarding (check as appropriate):

- | | |
|--|---|
| <input type="checkbox"/> Permitting | <input type="checkbox"/> Billing |
| <input type="checkbox"/> Air Toxics/HRA | <input type="checkbox"/> Source Testing |
| <input type="checkbox"/> Inspections and Permit Compliance | <input type="checkbox"/> All of the above |

☐ Other (state purpose):

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This Designation included written correspondence, telephone discussions and meetings and shall remain in effect until it is suspended in writing by my company or the following date:

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whichever is earlier.

As a designated Responsible Official, I hereby authorize the above mentioned agent to represent my company in the matters identified above:

Name (print)	
Title	
Phone	
Email	
Address	
City, State, Zip	
Signature	

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