



**Lake County Air Quality  
Management District**  
2617 South Main Street  
Lakeport, CA 95453  
707-263-7000 / fax 263-0421

**Douglas G. Gearhart**  
Air Pollution Control Officer  
doug@lcaqmd.net

## **Agent Authorization Form**

### **Authorized Agent: (Complete this section if appropriate)**

I hereby designate \_\_\_\_\_  
(agent's name - print)

of \_\_\_\_\_  
(agent's business name, mailing address, & phone number - print)

to serve as the Authorized Agent for my company / facility:

\_\_\_\_\_  
(applicant company's name - print)

at \_\_\_\_\_

in dealing with the Lake County Air Quality Management District in matters regarding (check as appropriate):

Engine Permit Application  
Air Toxics (AB2588)  
Inspections and Compliance  
Billing  
Source Testing  
All of the Above  
Other (state purpose): \_\_\_\_\_

This designation includes written correspondence, telephone discussions, and meetings and shall remain in effect until it is suspended in writing by my company or the following date: \_\_\_\_\_  
whichever is earlier.

As the Legal Owner, I hereby authorize the above mentioned agent to represent my company in the matters identified above:

Name (print):	
Title:	
Phone:	
Address:	
City, State, ZIP	
Signature:	