

# AUTHORIZED SIGNATORY

Project Name: \_\_\_\_\_  
 Bid Number: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Date: \_\_\_\_\_

This correspondence is to affirm that the person(s) identified below have the authority under penalty of perjury to so affirm, that the records are originals or are full, true, and correct copies of the original and depict truly, fully and correctly, the craft or type of work performed, hours and days worked, and the amounts by category listed, disbursed by way of cash, check, or in whatever form or manner to each person by job classification and/or skill pursuant to a public works contract. **To affirm signatory authorization, or to delegate signatory authorization, the person identified below must be owners or officers of the company. If delegating signatory authorization, both names must appear and remain current.**

Print Name of Authorized Signatory Owner/Officer	Print Name of Approved Authorized Signatory
Signature of Authorized Signatory	Signature of Authorized Signatory
Title of Authorized Signatory	Title of Authorized Signatory

*If authorization changes resubmit form with signature to LCP Tracker*