

CONSENT TO SUBMIT/RECEIVE INFORMATION

I, _____, give permission to _____ and _____ to submit/receive documents and provide/receive information upon request for AG_20____-____ and AG_20____-____ located at _____.

Signed this _____ day of _____, 20____

(Applicant Signature)

(Date)

(Designated Contact)

(Date)

(Designated Contact)

(Date)

Name of Agent:	
Company:	
Phone:	
Business Address:	