

2024/2025
Property Operator Acknowledgment and Designation of Agent

County of Imperial, State of California

Operator ID/Restricted Materials Permit Name

No. 13-25-_____
Operator ID/Restricted Materials Permit No.

The undersigned hereby acknowledges as follows:

1. The Operator ID/Restricted Materials permit named above is a:
 corporation partnership sole proprietorship other (specify) _____
2. I am the _____ of the above named entity and have the legal authority
(title/position)
to grant limited power of attorney to the designated agent below on behalf of this entity.
3. I am the operator of the properties listed on the Operator ID/Restricted Materials permit identified above. I am responsible for all acts, omissions, and representations made by the designated agent. I am responsible for compliance with all laws, rules, regulations, and permit conditions.

Designation of Agent / Limited Power of Attorney

4. I hereby designate and appoint as my agent and attorney in fact:

Printed Name of Agent Designated to Sign the Operator ID/Restricted Materials Permit

Telephone Number

I understand that the Agricultural Commissioner is relying on this appointment and agree that I will be bound to the terms hereof until this permit expires or this appointment is revoked by me in writing. I understand and agree that this appointment authorizes the above named person to act on behalf of the permittee in any and all matters pertaining to the Operator ID/Restricted Materials permit identified above. I understand that this agreement must be renewed annually.

5. I further understand and agree that this appointment does not relieve me of my responsibilities as operator of the properties listed on the Operator ID/Restricted Materials permit identified above.

Operator Signature

Date

Print Your Name

Telephone Number

Address

City, State, Zip

E-mail