



NCCAOM® AGENT DESIGNATION FORM

This statement permits you to designate a person to speak on your behalf in matters relating to your application for certification by the NCCAOM. This allows the release of any and all information concerning your application including, but not limited to, the status of your application, supporting documents, fees, test dates, test locations, test results and any other matters relating to the requirements for certification by the NCCAOM.

I hereby appoint the following as my primary agent to obtain information and to make inquiries on my behalf with regard to my application for certification by the NCCAOM:

Primary agent (Name)
Address
Telephone Number

My agent's authority hereunder is effective unless and until I submit cancellation of said authority in writing to the NCCAOM.

Signature of Applicant	
Name of Applicant (please print or type)	
Address	
Telephone Number	
Date of Birth (month, day, year)	Social Security # or Alien Identification #
Signature of Notary Public	Seal of Notary Public

Return to:

**NCCAOM
76 South Laura Street, Suite 1290
Jacksonville, FL 32202**