

**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**