



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

AUTHORIZED REPRESENTATIVE FORM

(Name) _____

Child Development facility is a:

Individual Partnership Association Corporation Government Agency Other

I _____, owner/operator will sign the 2017-2018 Provider Agreement.

Name of Legal Owner/Entity

EIN Number

DUNS Number

Address of the Owner/Operator

City & State

Zip code

Phone number

Fax Number

Email address

--OR--

I _____, owner/operator authorize

_____ to sign the 2017-2018 Provider

Agreement on my behalf.

If there are any additional questions, contact _____ the facility

Director Administrator (circle one) at _____.

Owner/Operator Signature

Date