

THIS MUST BE SIGNED BY THE APPLICANT AND SHOULD BE PLACED ON APPLICANTS LETTERHEAD ONLY IF AGENT IS SUBMITTING APPLICATION

**Authority to Act as Agent**

Date: \_\_\_\_\_

American Certification Body, Inc.  
6731 Whittier Avenue  
Suite C110  
McLean, VA 22101

To Whom It May Concern:

\_\_\_\_\_ (Insert Lab/Personnel<sup>1</sup> or Agent Name Here) \_\_\_\_\_ is authorized to act on our behalf, until otherwise notified, for applications to American Certification Body, Inc. (ACB).

We certify that we are not subject to denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862. Further, no party, as defined in 47 CFR 1.2002 (b), to the application is subject to denial of federal benefits, that includes FCC benefits.

Thank you,

Agency Agreement Expiration Date: \_\_\_\_\_ (Typically 8 – 12 months) \_\_\_\_\_

By: \_\_\_\_\_ (Signature<sup>2</sup>) \_\_\_\_\_ (Print name)

Title: \_\_\_\_\_

On behalf of: \_\_\_\_\_ (Company Name)

Telephone: \_\_\_\_\_

<sup>1</sup> - If a group "entity" is designated as the authorized agent, the letter of authorization must identify those individuals within the group who are authorized to take action on the application; or alternatively a statement must be provided indicating that as the authorized agent, any individual within the group "entity" is authorized to act on behalf of the applicant / grantee and take action on the application. See <https://apps.fcc.gov/ostcf/kdb/forms/FTSSearchResultPage.cfm?switch=P&id=33316>.

<sup>2</sup> - Must be signed by applicant contact given for applicant on the FCC site, or by the authorized agent if an appropriate authorized agent letter has been provided. Letters should be placed on appropriate letterhead.