

Authorization of Agent

I hereby authorize the agent named below to act on my behalf in matters related to acquiring and executing activities associated with a Hydraulic Project Approval (WDFW permit).

Application ID: _____

Agent Contact Information

Name: _____ (please print)

Business Name: _____ (if applicable)

Email: _____

Phone: _____

Applicant Contact Information

Name: _____ (please print)

Business Name: _____ (if applicable)

Email: _____

Phone: _____

Signature: _____ Date: _____

If you do not want to upload this document to APPS, you need to submit this form to the following address:

Washington Department of Fish and Wildlife
PO Box 43234
Olympia WA 98504-3234