



**Please complete this section only if you wish to revoke an Authorized Person:**

This section must be completed by the Chief Executive Officer of an agency/provider of services, the Director of a DDSO, or in the case of a registered provider that does not have a Chief Executive Officer in its local area, then the person designated by the registered provider to have primary responsibility for its local operations.

Name of Authorized Person \_\_\_\_\_

Authorized Person's work email address \_\_\_\_\_

Authorized Party status is revoked. Effective Date of Revocation \_\_\_\_\_

Name of CEO/Director/Local Responsible Party \_\_\_\_\_

- \_ Agency/Provider of Services CEO
- \_ DDSO Director
- \_ Registered Provider Local Responsible Party

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this section only if you wish to revoke a Designee/Agent:**

This section must be completed and signed by the Authorized Person.

Name of Designee/Agent \_\_\_\_\_

Designee/Agent's work email address \_\_\_\_\_

Designee status is revoked. Effective Date of Revocation \_\_\_\_\_

Name of Authorized Person \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_