



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS LICENSE CENTER
1100 4TH STREET, SW, 2ND FLOOR
WASHINGTON, DC 20024

I, \_\_\_\_\_ certify that I am the \_\_\_\_\_ (Title)

for \_\_\_\_\_; authorize \_\_\_\_\_ (Name and Title)

\_\_\_\_\_ to submit the application for Charitable Solicitation
Registration Certificate.

I hereby certify all information submitted within this package is true to the best of my knowledge.

\_\_\_\_\_
Signature

Subscribed and sworn before me, a Notary Public

SEAL

Notary \_\_\_\_\_

Today's Date \_\_\_\_\_

Commission Expires \_\_\_\_\_

