



MISSISSIPPI DEPARTMENT OF MARINE RESOURCES

Agent Authorization

I authorize the person(s) and/or company listed below to act as my agent regarding the proposed project as described in the Joint Application and Notification at the location listed below:

(name of agent)

(location of project)

(address)

(city, state, zip code)

(agent phone number)

(print applicant name)

(applicant signature)

(date)

Do you want the permit mailed to the agent? ____ Yes ____ No