



AUTHORIZATION FOR A THIRD-PARTY REPRESENTATIVE TO COMPLETE AND SUBMIT THE EBB, EMR, OR ESS PROGRAM APPLICATION

- 1. Name of homeowner (“Authorizing Homeowner”) who is authorizing a third party to help complete and submit the required EBB, EMR, or ESS Program Application (check one box):**

Name (print):

Property Address:

Email Address:

Telephone Number:

- 2. I am the Authorizing Homeowner, and I authorize the following “Third-Party Representative” to complete and submit the Program Application (indicated above) to the California Residential Mitigation Program (CRMP) on my behalf:**

Name of Third-Party Representative (print):

Property Address:

Email Address:

Telephone Number:

Relationship to Authorizing Homeowner:

- 3. I, the Authorizing Homeowner, confirm and represent that:**

- a. I am aware of all EBB, EMR, or ESS Program rules and materials, including but not limited to, that a homeowner is free to choose any qualified contractor from the EBB, EMR, or ESS Contractor Directory after acceptance into the EBB, EMR, or ESS Program.
- b. I am responsible for the accuracy and truthfulness of all information in the EBB, EMR, or ESS Program Application submitted on my behalf by the Third-Party Representative.

- c. I have directed the Third-Party Representative to submit my EBB, EMR, or ESS Program Application to CRMP in accordance with EBB, EMR, or ESS Program Rules.
- d. All information I have provided to the Third-Party Representative is true, accurate, and complete.

Authorizing Homeowner

Signature: _____

Date: _____

Name (typed or printed): _____

Third-Party Representative

I, the Third-Party Representative, declare under penalty of perjury that:

- 1. To the best of my knowledge, all information submitted to the CRMP website, including in the EBB, EMR, or ESS Program Application, on behalf of this Authorizing Homeowner, is true, accurate, and complete and in accordance with EBB, EMR, or ESS Program Rules.
- 2. I have obtained and provided a copy of the EBB, EMR, or ESS Program Rules to the Authorizing Homeowner and have confirmed with them that they are free to choose any qualified licensed contractor from the EBB, EMR, or ESS Contractor Directory after acceptance into the EBB, EMR, or ESS Program.

Signature: _____

Date: _____

Name (typed or printed): _____

