



National Deaf Blind Equipment Distribution Program Authorized Signers

Program

I am the chief executive officer, chief financial officer or other senior executive of the above named company.
I authorize the individual(s) listed below to sign on my behalf.

Officer Signature

Officer Name
Officer Title
Officer's Email
Date Signed

I am an authorized representative of the above named company with approval to attest to submitted requests.

Signature

Name
Title
Email
Date Signed

I am an authorized representative of the above named company with approval to attest to submitted requests.

Signature

Name
Title
Email
Date Signed

I am an authorized representative of the above named company with approval to attest to submitted requests.

Signature

Name
Title
Email
Date Signed

Submit completed forms to NDBEDP@rolkaloube.com

For questions about this form, please call 717-585-6605 or email NDBEDP@rolkaloube.com