

Division of Rail and Mass Transportation**State Transit Assistance State of Good Repair Program****Authorized Agent Form**

Authorized Agent

The following individual(s) are hereby authorized to execute for and on behalf of the named Regional Entity/Transit Operator, and to take any actions necessary for the purpose of obtaining State Transit Assistance State of Good Repair funds provided by the California Department of Transportation, Division of Rail and Mass Transportation. This form is valid at the beginning of Fiscal Year 2017-2018 until the end of the State of Good Repair Program. If there is a change in the authorized agent, the project sponsor must submit a new form. This form is required even when the authorized agent is the executive authority himself.

 (Name and Title of Authorized Agent) *OR*

 (Name and Title of Authorized Agent) *OR*

 (Name and Title of Authorized Agent)

AS THE _____
 (Chief Executive Officer / Director / President / Secretary)

OF THE _____
 (Name of County/City Organization)

 (Print Name) (Title)

 (Signature)

Approved this _____ *day of* _____, 20____