

Power of Attorney

I, _____, the undersigned, am unable to personally (A) ☐ submit my application form (B) ☐ pick up my police criminal record certificate at _____ Police Department.

I hereby authorize (☐Mr. ☐Ms.) _____ to act on my behalf in the process of application.

Applicant's Signature: _____

The Authorized Person's

Signature: _____

ID/ Passport No.: _____

Address: _____

Phone No.: _____

Date: _____ / _____ / _____

(Month) (Day) (Year)