

# Authorization for Representation Before a Panel of the Board

## Hearing Panel Office

50 Corriveau Avenue  
St. Albert, Alberta T8N 3T5  
Telephone: 780-447-8605  
[hearings@aglc.ca](mailto:hearings@aglc.ca)

Section I – Contact Information			
Name of Applicant/Licensee/Registrant			
Mailing Address	City	Province	Postal Code
Telephone (Work) of Individual or Contact Person	Telephone (Cell) of Individual or Contact Person	Telephone (Home) of Individual or Contact Person	
Email of Individual or Contact Person			
Section II – Representative Information			
I appoint and authorize _____ (name of person) to act as my representative in this matter. All information pertaining to this matter may be provided to my representative, whose contact information is as follows:			
Mailing Address	City	Province	Postal Code
Telephone (Work)	Telephone (Cell)	Telephone (Home)	
Email			
Signature of Applicant/Licensee/Registrant	First and Last Name	Date	

Please send this completed form to the Hearing Panel Office by mail, email or Submit button (contact information above). If you have any questions, please contact the Hearing Panel Office.