

**HUMAN SERVICE TRANSPORTATION
SIGNATURE VERIFICATION**

PROVIDER LEGAL NAME:

Authorization:

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel or other Officer for the Provider and authorized to sign contracts and other legally binding documents related to contracts.

X _____
Signature

Date: _____

Title: _____

Telephone: _____

Fax: _____

Email: _____

Please print or type Signatory's full legal name and title:

**VERIFICATION OF PROVIDER SIGNATURE:
Select one of the following options for signature verification**

By Corporate Clerk:

(Note: Verification of a Corporate Clerk signature must be by a notary)

I, _____ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirmed the individual's authority as an authorized signatory for the Provider on this date:

_____.

AFFIX CORPORATE SEAL

OR

By Notary:

(Complete only in presence of notary):

I, _____ (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

_____.

My commission expires on:

AFFIX NOTARY SEAL