DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY

Date: _____

Facilities are required to have a person continuously present during operational hours at the facility authorized to represent the facility and to accept licensing reports, citations, or other legal documents.

Facility name			
Facility address (number, street)	City	State	ZIP code
Telephone number ( )	Facility type		
Name of licensee			

This form is also intended for licensees who cannot be continuously present to delegate to the administrator or other appropriate staff authority to accept this responsibility. Applicants who are corporations are asked to attach board resolutions authorizing this delegation.

Name of designee	Title	Telephone number ( )	
Address (number, street)	City	State	ZIP code

The Department must be notified immediately upon a change of administrator or designee.

Signature of applicant/licensee	Title