

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT _____ Employer Registration Number _____ having its principal office at _____ does hereby appoint _____

its true and lawful attorney in fact with full power and authority to represent the said _____ before the NEW JERSEY DIVISION OF EMPLOYER ACCOUNTS until further notice, to wit: All matters affecting quarterly contributions reports, experience rating and claims for benefits.

THIS AUTHORIZATION CANCELS AND SUPERSEDES ALL PRIOR POWERS OF ATTORNEY.

IN WITNESS WHEREOF, the said _____ has caused this instrument to be signed, sealed and acknowledged by its duly authorized qualified officer this _____ day of _____

(Name of Company)

CORPORATE SEAL

By _____
(Signature of Authorized Officer)

(Name and Title of Authorized Officer)

AFFIDAVIT:

I _____ being duly sworn depose and say that I hold the office of _____, in the _____, Employer Registration Number _____ having its principal office at _____ and am fully authorized on behalf of such company to grant the powers stated in said Power of Attorney to _____ as the true and lawful attorney in fact with power and authority to represent _____ before the NEW JERSEY DIVISION OF EMPLOYER ACCOUNTS without first obtaining the direction and approval of the Board of Directors of _____

(Signature of Authorized Officer)

Be it known that on this _____ day of _____, _____ before me _____ notary public for this State of _____ residing in the county of _____, duly commissioned and sworn and by law authorized to administer oaths and affirmations, personally appeared _____ and being sworn by me did depose and say that the contents in the foregoing affidavit are true and correct.

Notary Public

(NOTARY SEAL)

Notary Expiration:

ACCEPTANCE:

I _____ being a duly qualified officer of _____ hereby accept on behalf of the said corporation the power herein described granted by _____

RETURN THIS FORM TO:
New Jersey Department of Labor
Employer Accounts/Employer Status
P.O. Box 913
Trenton, New Jersey 08625-0913

Signature: _____

Title: _____

Authorized Agent Reg No.: _____