

## MN HIPATH AI Authorized Signatures

**List the name and title of those individuals in your organization who are authorized to execute proposals, contracts, agreements, bonds and other documents and/or instruments on behalf of the organization. Specify if more than one signature is required.**

Name (Typed)	Signature	Title

**I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign Agreements and other legally binding documents related to Agreements with the Animal Plant Health Inspection Service – APHIS on behalf of ( Name of Cooperator/Producer). I understand and agree that the (Name of Cooperator/Producer) has a duty to ensure that this listing is immediately updated and communicated to APHIS whenever any of the authorized signatories above is no longer employed or have their responsibilities changed resulting in their no longer being authorized to sign Agreements with APHIS or whenever new signatories are designated.**

For privacy purposes DO NOT ATTACH any documentation containing personal information, such as bank account numbers, social security numbers, driver’s licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. APHIS reserves the right to publish the names and titles of authorized signatories of contractors.

**COOPERATOR LEGAL NAME:** \_\_\_\_\_

**COOPERATOR DUNS Number:** \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Telephone