



Forest Service ACES Program

'AUTHORIZED SIGNATURE FORM

PLEASE SEND THE COMPLETED FORM TO: ForestServiceACES@nowcc.org

or fax to: 214-853-5266

Enrollee Name: _____
Office Name: _____
Office Location (cubicle number): _____ Mail Code: _____
Email Address: _____ Work Phone: _____

The following signatories are authorized to approve Enrollee Program forms submitted to NOWCC.

*The Primary and Alternate Monitors may approve all forms. **Information on both monitors is required.***

PRIMARY MONITOR	<i>may approve all forms</i>	Completion Required
Print Name: _____	Title: _____	
Signature: _____	Work Phone: _____	
Date: _____	Email Address: _____	

ALTERNATE MONITOR	<i>may approve all forms</i>	Completion Required
Print Name: _____	Title: _____	
Signature: _____	Work Phone: _____	
Date: _____	Email Address: _____	

*The following Additional Signatory is **optional** and may **only** approve timesheet, supply purchase, training expense, and travel expense forms if the primary and secondary monitors are not available.*

ADDITIONAL SIGNATORY	<i>may only approve timesheet, supply purchase, training expense, and travel expense forms.</i>
Print Name: _____	Title: _____
Signature: _____	Work Phone: _____
Date: _____	Email Address: _____