



# NUTRITION ASSISTANCE PROGRAM

DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS  
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

P.O. Box 501488, As Lito, Saipan, MP 96950

TEL. NO: (670) 237-2801 to 2806 / 2841

FACSIMILE NO.: (670) 664-2850 /2851



## AUTHORIZED REPRESENTATIVE REGISTRATION FORM

### AUTHORIZED REPRESENTATIVE CANDIDATE

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

### HOUSEHOLD

CASE NUMBER: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_

REASON(S) FOR DESIGNATION: \_\_\_\_\_

Is the Authorized Representative Candidate an employee of NAP [ ] YES [ ] NO; an Issuance Agent [ ] YES [ ] NO;  
an Authorized Retailer? [ ] YES [ ] NO

Is the Authorized Representative Candidate disqualified from participation in the Program? [ ] YES [ ] NO

Is the Authorized Representative Candidate already designated to represent any other household? [ ] YES [ ] NO

If so, please indicate the other household(s) being represented:

(1) CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

(2) CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

Upon approval, the Authorized Representative Candidate shall be authorized by the household to be interviewed on behalf of the household, pick up ATP Cards, pickup NAP Coupons and use NAP Coupons to purchase eligible foods and other eligible items for the household.

### HOUSEHOLD CERTIFICATION STATEMENT:

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge and ability; I am freely requesting the designation of an Authorized Representative; and, I understand my liability for any Over Issuance of benefits and penalty charges which may result from erroneous information given by the Authorized Representative Candidate.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEAD OF HOUSEHOLD/AUTHORIZED REPRESENTATIVE

### AUTHORIZED REPRESENTATIVE CANDIDATE CERTIFICATION STATEMENT:

I certify under penalty of perjury that the above information is true and correct to the best of knowledge and ability; I am aware of my responsibilities as an Authorized Representative to accurately represent household circumstances, ensure that the household receives the correct amount of benefits, properly utilize the NAP Coupons, and report any changes in household circumstances within ten (10) days, and I am aware of the penalties for violation for the misrepresentation of information or misuse of benefits.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE CANDIDATE

[ ] ACCEPTED

[ ] NOT ACCEPTED

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAP REPRESENTATIVE