

**STATE OF NEW MEXICO  
DEPARTMENT OF WORKFORCE SOLUTIONS  
WORKFORCE TRANSITION SERVICES**

**POWER OF ATTORNEY/AUTHORIZATION OF AGENT**

*NOTICE: THIS IS AN IMPORTANT DOCUMENT. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, YOU SHOULD ASK A LAWYER TO EXPLAIN THEM TO YOU. THIS FORM DOES NOT PROHIBIT THE USE OF ANY OTHER FORM. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.*

Legal Employer Name \_\_\_\_\_ Employer Account Number \_\_\_\_\_

Trade Name - DBA (if applicable) \_\_\_\_\_ Federal ID Number \_\_\_\_\_

Official Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**DOES HEREBY APPOINT AS THE DULY AUTHORIZED ATTORNEY-IN-FACT/AGENT:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**THIS AUTHORIZATION ALLOWS THE ATTORNEY-IN-FACT/AGENT TO ACT IN THE EMPLOYER'S NAME, RECEIVE CONFIDENTIAL INFORMATION, AND PERFORM THE UNEMPLOYMENT COMPENSATION FUNCTION(S) CHECKED BELOW. CHANGE THE OFFICIAL MAILING ADDRESS TO:**

\_\_\_\_\_  
\_\_\_\_\_

**Check All That Apply:**

All Unemployment Matters    All Claims Matters    All Tax Matters    Appeals

**THIS AUTHORIZATION MUST BE SIGNED BY A SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER, AND CONTAIN COMPLETE INFORMATION WHICH IS VERIFIABLE WITH THE DIVISION'S RECORDS. IT MUST BE NOTARIZED, AND SUPERSEDES AND REVOKES ANY PRIOR AUTHORIZATION RELATING TO THE SUBJECT MATTER(S) CHECKED ABOVE, UNLESS THE EMPLOYER NOTIFIES THE DIVISION THAT THERE IS MORE THAN ONE ATTORNEY-IN-FACT. IT SHALL REMAIN IN EFFECT UNTIL WRITTEN NOTICE OF CANCELLATION OR A SUBSEQUENT AUTHORIZATION IS RECEIVED BY THE DIVISION OF UNEMPLOYMENT COMPENSATION. IT SHALL NOT BE AFFECTED BY LAPSE OF TIME. THE PRINCIPAL AGREES THAT ANY THIRD PARTY WHO RECEIVES A COPY OF THIS DOCUMENT MAY ACT UNDER IT.**

\_\_\_\_\_  
PRINT PRINCIPAL'S NAME

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

STATE OF NEW MEXICO    )

                                  ) ss.

COUNTY OF \_\_\_\_\_ )

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(seal)

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: