



DEPARTMENT OF LABOR
 Alien Labor Processing & Certification Division
ELECTRONIC FILING AUTHORIZATION
 Email: alpcd@dol.guam.gov /// fax: (671)475-6811

I, _____, _____ of
Name of President, GM or Authorized Management Title

_____ attest to the following:
Name of Company

1. That I am authorized to act on behalf of the company and have authority to bind the company to agreements or contracts.
2. That we desire to file documents electronically with the Guam Department of Labor, Alien Labor Processing & Certification Division.
3. That we hereby attest to the accuracy and certify any electronically filed documents to be true and correct, in the absence of an original signature on the document.
4. That we understand that ALPCD reserves the right, at any time, to reject any document filed electronically and require such document to be filed with original signatures.
5. That we understand that it is our responsibility to ensure the receipt of any document filed electronically and that ALPCD will be held harmless for any non-receipt of documents due to power, internet, phone outages or equipment failures.
6. That this authorization shall remain in effect for the period of 36 months or until the date of departure of my last H-2B worker, whichever comes first.
7. That I understand that electronically filed documents should be emailed to alpcd@dol.guam.gov.

 Signature

Guam)
) ss.
 CITY OF HAGATNA)

BEFORE ME, A NOTARY PUBLIC, in and for the Territory of Guam, personally appeared _____, a person known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same of their own free act and will.

IN WITNESS WHEREOF, I have hereunto affixed my name and official seal in the City of Hagatna this _____ day of _____ 20____

FOR GDOL USE
EXPIRES: _____
Processed by: _____

 NOTARY PUBLIC