

## **Change Order Authorized Signature**

List the name and title of those individuals in your organization who are authorized to execute Change Orders on behalf of the organization, for the contract below.

Contract Number

**Contract or Project Title** 

Name of Firm - Be Exact

## NOTE: Signature must appear next to name

Full Name (Typed)	Signatures	Position (Typed)

The undersigned, being duly sworn, deposes and says that the foregoing is a true statement of facts concerning the individual, corporation, co-partmership or joint venture herein named, as of the date indicated:

Sworn to before me this,,	NOTE: Undersigned must be on file with WSDOT (Form 420-007) for the firm named above.
Notary Public	Authorized Signature (s)
Notary S	I Corporate Seal (s)
Distribution: Original	Project File: Conv: CAPS Unit of AFS