

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT _____ Employer Registration Number _____ having its principal office
(Business Name) (New Jersey Identification Number)

At _____ does hereby appoint **APSI**
(Business Address)

Its true and lawful attorney in fact with full power and authority to represent the said _____ before the **NEW JERSEY**
(Business Name)

DIVISION OF EMPLOYER ACCOUNTS until further notice, to wit: All matters affecting quarterly contributions reports, experience
Rating and claims for benefits.

THIS AUTHORIZATION CANCELS AND SUPERSEDES ALL PRIOR POWER OF ATTORNEY.

IN WITNESS WHEREOF, the said _____ has caused this instrument to be signed, sealed and acknowledged by its duly
(Business Name)

Authorized qualified officer this _____ day of _____,
(Day) (Month) (Year)

(Business Name)

CORPORATE SEAL

By _____
(Signature of Authorized Officer)

(Name and Title of Authorized Officer)

AFFIDAVIT:

I _____ being duly sworn depose and say that I hold the office of _____, in the _____, Employer
(Authorized Officer) (Title) (Business Name)
Registration Number _____, having its principal office at _____ and am fully authorized on behalf of such
(New Jersey ID Number) (Business Address)

Company to grant the powers stated in said Power of Attorney to **APSI** as the true and lawful attorney in fact with power

And authority to represent _____ before the **NEW JERSEY DIVISION OF EMPLOYER ACCOUNTS** without
(Business Name)

First obtaining the direction and approval of the Board of Directors of _____.
(Business Name)

(Signature of Authorized Officer)

Be it known that on this _____ day of _____, _____ Before me _____ notary public for this State
(Day) (Month) (Year) (Notary Name)

Of _____ residing in the county of _____, duly commissioned and sworn and by law authorized to administer oaths and
(State) (County)

Affirmations, personally appeared _____ and being sworn by me did depose and say that the contents in the foregoing
(Authorized Officer)

Affidavit are true and correct.

Notary Public Signature

(NOTARY SEAL)

Notary Expiration:

ACCEPTANCE:

I, **Martin Stowe** being a duly qualified officer of **APSI** Hereby accept on behalf of the

Said corporation the power herein described granted by _____
(Business Name)

By: _____
(Authorization Signature of Martin Stowe)

Title: **Atty-In-Fact**
