



The Bureau of Fire Prevention

Specific Power of Attorney

BE IT ACKNOWLEDGED that I, _____, NICET Certificate Holder for
 _____ FULL NAME
 _____, the undersigned, do hereby grant a limited and
 _____ TITLE/BUSINESS NAME
 specific power of attorney to _____, also an employee of the
 _____ FULL NAME OF DESIGNEE
 above named company at _____ PHONE _____
 _____ ADDRESS

As my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and perform
 Only the following acts on my behalf:

1. _____

The authority herein shall include such incidental acts as are reasonably required to carry out and perform
 the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform
 in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems
 advisable.

This power of attorney is effective upon execution. This power of attorney expires annually in
 conjunction with the certificate holder's annual permit or upon termination of employment with said
 company. It may be revoked by the MFRD Bureau of Fire Prevention or me at any time, and shall
 automatically be revoked upon my death, provided any person relying on this power of attorney shall
 have full rights to accept and reply upon the authority of my attorney-in-fact until in receipt of actual
 notice of revocation.

Signed this _____ day of _____, 20__.

 Signature

State of Alabama

County of _____

 Witness #1

Given under my hand this _____ day of _____, 20__

 Witness #2

(Seal)

 Notary Public