

AUTHORIZATION TO ACCEPT PERSONAL SERVICE AND RECEIVE REGISTERED AND CERTIFIED MAIL

- Chapter 50.03(2m), Wis. Stats., requires that each licensee or applicant for license shall file with the department the name and address of a person authorized to accept service of any notices or other papers which the department may send by registered or certified mail, with a return receipt requested. The department is required to serve any notice or other paper to the most current address on file.
- The information collected on this form will be used to comply with Chapter 50.03(2m), Wis. Stats., and will be used for no other purpose.
- Failure to provide the department with the current name and address of the person authorized to accept service may result in a notice of violation and a forfeiture.
- Complete, sign, date, and return this form to: **Division of Quality Assurance
Bureau of Nursing Home Resident Care
P.O. Box 2969
Madison, WI 53701-2969**
- If you have questions about completing this form, please call **608-266-2966**.

Name - Facility	License Number
Address - Facility	DQA Regional Office

A. INFORMATION ON FILE

This is the name of the person, currently on file with the Division of Quality Assurance, authorized to accept service. If this information is accurate, please sign and date in the space provided and return this form to the address below.

Name - Licensee's Authorized Person to Accept Service (e.g., Administrator, DON, etc.)	Title
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I verify that the above information is correct.

SIGNATURE - Licensee or Licensee's Representative	Date Signed
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B. CORRECTIONS OR CHANGES TO INFORMATION ON FILE

If the information on file is not accurate, please indicate changes or corrections, including the correct mailing address. Sign, date, and return this form.

Name - Licensee	Title
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Mailing Address

SIGNATURE - Licensee	Date Signed
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C. ALTERNATE AUTHORIZED PERSON TO ACCEPT SERVICE

Indicate the name of an alternate authorized agent in this section of the form.

Name - Alternate Authorized Person	Title
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SIGNATURE - Alternate Authorized Person	Date Signed
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