



**California State  
Board of Equalization**

Appeals Case Management  
Only – ACM Case #  
ACM

BOE-892-P (7-23)

STATE OF CALIFORNIA  
BOARD OF EQUALIZATION

**STATEMENT OF AUTHORIZATION—PETITION**

Please return the completed form to the Appeals & Case Management Section, Board Proceedings Division, MIC:80, State Board of Equalization, P.O. Box 942879, Sacramento, CA 94279-0080. If you have any questions, please contact the Appeals & Case Management Section at [AppealsScheduling@boe.ca.gov](mailto:AppealsScheduling@boe.ca.gov).

<b>PETITIONER NAME</b>	<b>SBE NUMBER or ACCOUNT NUMBER</b>
<b>PETITION YEAR(S) or PERIOD(S) AUTHORIZED</b>	<b>EMAIL ADDRESS</b>
<b>MAILING ADDRESS</b>	<b>TELEPHONE NUMBER</b>

**PRIMARY REPRESENTATIVE INFORMATION**

<b>REPRESENTATIVE NAME</b>	<b>NAME OF REPRESENTATIVE'S FIRM (if applicable)</b>
<b>MAILING ADDRESS</b>	<b>EMAIL ADDRESS</b>
	<b>TELEPHONE NUMBER</b>

**ADDITIONAL REPRESENTATIVE(S) INFORMATION (include additional sheets if needed)**

<b>REPRESENTATIVE NAME</b>	<b>NAME OF REPRESENTATIVE'S FIRM (if applicable)</b>
<b>MAILING ADDRESS</b>	<b>EMAIL ADDRESS</b>
	<b>TELEPHONE NUMBER</b>

**By signing, you acknowledge the following statement with respect to the petitioner noted above:**

*I authorize the person(s) listed above to act as our designated representative(s) before the State Board of Equalization in connection with this petition. Our designated representative(s) may provide, receive, and exchange all information, documents, and records, including narrations and work papers relating to the petition. I understand that this form must be filed prior to or in conjunction with the petition for the representative to act on our behalf in conjunction with the adjudication process of this petition. I understand that this form must be filed annually in order for the representative status to remain current.*

This authorization may be rescinded in writing at any time.

<b>SIGNATURE (Owner, Partner, Corporate Officer)</b>	<b>DATE SIGNED</b>
<b>PRINTED NAME OF SIGNATORY</b>	<b>EMAIL ADDRESS</b>
<b>TITLE OR POSITION OF SIGNATORY</b>	<b>TELEPHONE NUMBER</b>