



2023 Voting Delegate Authorization

State of: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Shellfish Program Responsibility: \_\_\_\_\_

Name & Title of Voting Delegate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title of Alternate Voting Delegate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Portion of your State's vote to be cast by your Agency's Voting Delegate: [ ] 1 [ ] 1/2 [ ] 1/3

Other agencies in your State that will designate Voting Delegates and the portion of the State vote that will be cast by these delegates:

Agency: \_\_\_\_\_ Portion of State vote: [ ] 1/2 [ ] 1/3

Agency: \_\_\_\_\_ Portion of State vote: [ ] 1/2 [ ] 1/3

The State of \_\_\_\_\_ agrees to support the goals and concepts of the Interstate Shellfish Sanitation Conference in developing guidelines for the National Shellfish Sanitation Program which provides public health protection to consumers of molluscan shellfish.

Signature of Agency Head

Name and Title

Please return original completed form to: Interstate Shellfish Sanitation Conference 4801 Hermitage Road, Ste 102 Richmond, VA 23227

Note: Attending Voting Delegates should have a copy of this authorization in their possession

Thank you
Phone 804-330-6380
Email issc@issc.org