

STATE CORPORATION COMMISSION **Case eFiling System Authorization Form**

Pate Submitted:	
iler Name:	_
Phone Number:	
Fax Number:	
Mailing Address:	
E-mail address:	
(must be associated with authorized filer)	_
iler's Firm/Organization:	
Firm/Org. Phone Number:	
Firm/Org. Mailing Address:	
Firm/Org. Web Address:	
(if applicable) By submitting this authorization form, I agree to abide by the SCC's Electronic Filing Procedures. Further, I agree that my e-mail address and Filer Password shall serve as and constitute my signature for all purposes with respect to any document that I submit or authorize to be submitted electronically.	
For all electronic submissions, the person signing any document must be identified as the filer regardless of who actually submits the filing on behalf of the filer.	
iler Signature:	
pon receipt of this form, the authorized filer will be sent a confirmation e-mail by which to log in and create personal Filer Password.	;
ubmit by Mail to: Hand Deliver to:	

State Corporation Commission Document Control Center P.O. Box 2118 Richmond, Virginia 23218

State Corporation Commission Document Control Center Tyler Building, First Floor 1300 East Main Street Richmond, Virginia 23219

The Virginia State Corporation Commission (SCC) makes every reasonable effort to ensure that the website is available for your use. It is provided as a convenience to authorized business users and other constituents. However, the SCC cannot guarantee continuous or uninterrupted access to this SCC website. The responsibility of meeting any filing or payment dates required by Virginia statute or SCC policy or procedure rests solely with the responsible entity/filer. By completing this form you agree to acknowledge and abide by the SCC policy.