



State of Michigan
Talent Investment Agency
Michigan Administrative Hearing System
www.michigan.gov/uiia



IN THE MATTER OF:

Appeal Docket No.: _____

Social Security No.: _____

Employer No.: _____

CERTIFICATION OF AGENCY AND APPEARANCE

I, _____, certify that I am authorized by _____
to act as agent in all proceedings in the above entitled matter.

My appearance as agent for Unemployed Worker
 Employer in the above entitled cause is hereby filed.
 Unemployment Insurance

Dated: _____

Signature: _____

Firm Name: _____

Address: _____

Phone: _____

Fax: _____

APPEARANCE

(for use of Attorneys-at-law only)

My (our) appearance as attorney for Unemployed Worker
 Employer in the above entitled cause is hereby filed.
 Unemployment Insurance

Dated: _____

Signature: _____

Firm Name: _____

Address: _____

Phone: _____

Fax: _____