UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
Washington, DC 20415

Suitability Executive
Agent Programs

DESIGNATION OF REPRESENTATIVE

Use this form if you want another person to represent you in your suitability appeal before the U.S. Office of Personnel Management. The representative does not have to be an attorney. You are not required to have a representative and may represent yourself. If you choose to designate a representative, OPM must receive written confirmation that you authorize that person to act on your behalf.

1. Appellant Information

Full Name: _____

Mailing Address: _____

City, State, ZIP Code: _____

Phone Number: _____

Email Address: _____

Appeal or Case Number, if known: _____

2. Representative Information

I designate the following person as my representative in this appeal:

Representative's Full Name: _____

Organization or Firm, if any: _____

Mailing Address: _____

City, State, ZIP Code: _____

Phone Number: _____

Email Address: _____

3. **Scope of Representation**
   By signing this form, I authorize the representative named above to act on my behalf in this appeal. This includes receiving notices, submitting documents, communicating with OPM, engaging in settlement discussions, and taking other actions related to this appeal unless I limit that authority below.

   Limitations, if any:

4. **Service and Communications**
   I understand that OPM will send case-related communications to my representative. I also understand that I remain responsible for keeping OPM informed of any changes to my contact information or my representative's contact information.

5. **Change or Withdrawal of Representative**
   I understand that I may change or withdraw this designation by submitting written notice to OPM. The change or withdrawal will be effective when OPM receives it.

6. **Appellant Certification**
   I certify that I am voluntarily designating the representative named above to represent me in this appeal. I understand that this designation does not extend any filing deadline or change any requirement for filing documents with OPM.

   Appellant Signature: _____

   Printed Name: _____

   Date: _____

7. **Representative Acknowledgment**
   I agree to serve as the appellant's representative in this matter. I understand that I am responsible for complying with OPM's filing, service, and case-processing requirements.

   ☐ Federal employee representatives only: I am a Federal employee. I acknowledge that, under 5 CFR 731.504(b), I will not perform representational functions while in a duty status, including while on official time under 5 U.S.C. 7131, and I will not seek reimbursement from any agency for expenses incurred in performing those functions.

   Representative Signature: _____

Printed Name: _____

Date: _____

For OPM Use Only

Date Received: _____

Received By: _____

Case Number: _____

Notes: _____