



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

**County-Based Medi-Cal Administrative  
Activities Unit (CMAA)  
Local Governmental Agency (LGA)  
Signature Authority Request**

**Submit Forms To:** Department of Health Care Services  
County-Based Medi-Cal Admin Activities Unit  
1501 Capitol Ave, P.O. Box 997436  
Suite 71.3024, MS 4504  
Sacramento, CA 95899-7436

The CMAA LGA Signature Authority Request Form provides the names of the primary signer and alternate signer authorized to review, approve and sign on behalf of the county LGA when submitting CMAA invoices. Once this form is completed, the primary signer must sign in **blue** ink and return it to the address provided above.

**Note:** One of the signers must be the CMAA Coordinator

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Effective Date (MM/DD/YYYY)

LGA:

Primary CMAA Signer:

E-mail:  Phone:

Address (1):

Address (2):

City:  Zip Code:

\_\_\_\_\_  
Signature of Primary CMAA Signature Authority Date

Alternate (Alt) CMAA Signer:

Alt E-mail:  Alt Phone:

Alt Address (1):

Alt Address (2):

Alt City:  Alt Zip Code:

\_\_\_\_\_  
Signature of Alternate CMAA Signature Authority Date

**DHCS USE ONLY:**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_