

# Employer Authorization Form

Enter Year Reporting

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SDCL 2-12-4 requires “Each lobbyist or employer shall file with the secretary of state, within ten days after the date of registration, a written or electronic authorization for a person to act as a lobbyist for an employer.”**

**To avoid interruption in the authorization of this lobbyist to act on your behalf, please ensure your employer authorization is timely received by the Secretary of State.**

Pursuant to SDCL 2-12-4, this is to certify that:

Lobbyist Name: \_\_\_\_\_

Is authorized to register as a lobbyist for the above noted session of the South Dakota Legislature and to act as such in all matter dealing with:

Lobbyist Subject(s) of Interest: \_\_\_\_\_  
\_\_\_\_\_

And to act on behalf of:

Employer Name: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer Email Address: \_\_\_\_\_

Employer Alternate Email Address: \_\_\_\_\_

Name of Authorizing Agent: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

**NOTE: Lobbyists may not authorize themselves to lobby.**

<b>For Office Use Only</b>
Authorized: _____
Entered: _____

Forward the completed form to:  
South Dakota Secretary of State  
500 E. Capitol Ave., Suite 204  
Pierre, SD 57501  
Or a scanned copy of the completed form can be sent to [Lobbyist@state.sd.us](mailto:Lobbyist@state.sd.us).