



SIGNATORY REQUIREMENT AUTHORIZATION FORM

Certification for Assigning a Duly Authorized Representative

Facility Name: _____

Permit Number: _____

Discharge Address: _____

Mailing Address: _____

I, _____, certify that I am an Executive Officer, Vice President, General Partner, Proprietor or individual of equivalent responsibility meeting the requirements of 40 CFR. 403.12(l) and I hereby grant signatory authority to the below **Individual** or **Position** having responsibility for the overall operation of the facility (such as Plant Manager) or having overall responsibility for environmental matters for the company.

RESPONSIBLE AUTHORIZED REPRESENTATIVE

Individual (Name and Title): _____

Position (Title): _____

Company: _____

Phone Number(s): _____

Email Address: _____

Mailing Address: _____

(if different from above)

If the above authorized Individual or Position is no longer accurate, a new authorization certification shall be submitted to the City prior to, or together with, any reports to be signed by an authorized representative.

CERTIFYING OFFICIAL:

Signature *Date*

Printed Name and Title