

Signatory Requirements for Reports

A. Signatory Identification

The Authorized Representative and Duly Authorized Representative Signatory Identification Form must be used to identify the authorized representative and, if applicable, the duly authorized representative. The attached form and all reports required by the industrial wastewater discharge permit shall be signed as follows:

- 1. By a responsible corporate officer, if the industrial user submitting the reports required by this permit is a corporation. For the purposes of this section, a responsible corporate officer means:
 - a. A president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation; or
 - b. The manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned to the manager in accordance with corporate procedures.
- 2. By a general partner or proprietor, if the industrial user submitting reports required by this permit is a partnership or sole proprietorship, respectively.
- 3. By the director or highest official appointed or designated to oversee the operations of the facility, if the industrial user submitting reports required by this permit is a federal, state or local government entity or other institutional organization (i.e. churches, schools, non-profit agencies...etc.).
- 4. By a duly authorized representative of the person specified in A.1, 2, or 3 above, if:
 - a. The authorization is made by the individual specified in paragraph A.1, 2, or 3 above using the attached form for submission to the Special Services Division Office; and
 - b. The authorization specifies either an individual with a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company.

B. Notification Schedule

An up-to-date Authorized Representative and Duly Authorized Representative Signatory Identification Form must be on file with the Special Services Division Office in order for any reports required by the industrial wastewater discharge permit to be accepted. A new form must be completed and submitted:

- Upon any changes in personnel or position responsibilities that would preclude the responsible corporate officer, official, general partner or proprietor from meeting the requirements in Part A, above; or
- 2. Upon any changes in personnel or position responsibilities that would preclude the duly authorized representative from meeting the requirements in Part A, above (note that any change to the responsible corporate officer, official, general partner or proprietor identified above would also require reauthorization of the duly authorized representative).

Only the signatures included on this form and on file with the Special Services Division will be accepted on any reports required by an industrial wastewater discharge permit. Any report submitted without the required signature will be considered incomplete and unacceptable due to improper signatory authorization and certification.





Authorized Representative and Duly Authorized Representative Signatory Identification Form

Please identify the authorized representative and, if applicable, the duly authorized representative by completing and returning this form prior to or in conjunction with any reports required by the industrial wastewater discharge permit.

Permit Number: Service Name and Address:

Authorized Representative

(Responsible corporate officer, official, general partner, or proprietor)

Name (Please Print or Type)	Telephone#
Title (Please Print or Type)	
Signature	Date
	rized Representative e Authorized Representative shown above)
Name (Please Print or Type)	Telephone#
Title (Please Print or Type)	
Signature	 Date

