

REGIONAL WATER QUALITY CONTROL PLANT

2501 Embarcadero Way, Palo Alto, California 94303, phone 650-329-2598

<http://www.cityofpaloalto.org/depts/pwd/compliance/default.asp>

Serving the Communities of the East Palo Alto Sanitary District, Los Altos, Los Altos Hills, Mountain View, Palo Alto and Stanford

DESIGNATION OF AUTHORIZED REPRESENTATIVE

A. DEFINITION

"Authorized Representative" means an authorized or duly authorized representative as defined below:

(a) If the discharger is a corporation:

- (1) The president, secretary, treasurer, or a 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
- (2) The manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for discharge permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(b) If the discharger is a partnership or sole proprietorship: a general partner or proprietor, respectively.

(c) If the discharger is a federal, state, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.

(d) The individuals described in paragraphs (a) through (c), above, may designate a Duly Authorized Representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the organization, and the written authorization is submitted to the Superintendent.

B. BUSINESS IDENTIFICATION

Business Name:

Street Address of Facility Discharging Wastewater:

C. DULY AUTHORIZED REPRESENTATIVE

Provide the following information for the person defined in Section A(d) above (person to whom we will direct correspondence to)

Name:

Title:

Mailing Address:

Office Phone:

Emergency Phone:

Fax:

E-mail:

D. EXECUTIVE OFFICER

Provide the following information for the Authorized Representative as defined in either Sections A(a)(1), A(a)(2), A(b), or A(c) above.

Name:
Title:
Mailing Address:

Phone:
Emergency Phone:
Fax:
E-mail:

E. STATEMENT OF FACT (CHECK THE APPLICABLE BOX AND SIGN AND DATE)

The person indicated in Section C above is authorized as my representative to sign reports and certification statements submitted to the Superintendent. This authorization shall remain in effect until the Superintendent is notified in writing of its revocation.

- I am an Authorized Representative as defined in Section A(a)(1) above.
- I am an Authorized Representative as defined in Section A(a)(2) above.
- I am an Authorized Representative as defined in Section A(b) above.
- I am an Authorized Representative as defined in Section A(c) above.

Signature of Official

Telephone Number

Name and Title of Signing Official
(Please print or type)

Date

Attach business card of person indicated on Section D above

Attach business card of person indicated on Section C above

Return the original DOAR form to:

Industrial Waste Program
Regional Water Quality Control Plant
2501 Embarcadero Way
Palo Alto, Ca 94303